



# Sacred Heart UNIVERSITY

## 2025-2026 Graduate Assistant Employment Authorization

### Student Information

*This section is to be completed by the hiring supervisor.*

Student's Full Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Email Address: \_\_\_\_\_

Student's Home Phone Number: \_\_\_\_\_

Student's Alternate or Cell Phone Number: \_\_\_\_\_

Graduate Admission Acceptance: ☐ Yes ☐ No Academic Program: \_\_\_\_\_

Graduate Financial Aid Application Submitted: ☐ Yes ☐ No

Work Application Submitted: ☐ Yes ☐ No\*

**\*If no, student must be advised to submit a [Graduate Financial Aid Application](#) and [Work Application](#).**

**Note: If your position requires an additional Supervisor/Employee Contract, attach a signed copy for our records.**

### GA Employment: Department Information

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

GA Position ID (Required): \_\_\_\_\_

### Compensation Package

*Complete only if different than what was reported on GA Requisition Form on file with Student Financial Assistance.*

\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Employment Contract Period

Contract dates anytime between 7/1/25 and 6/30/26

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Signatures

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

GA Coordinator, SFA: \_\_\_\_\_ Date: \_\_\_\_\_