



Sacred Heart UNIVERSITY

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 and 6/30

Start Date: _____ End Date: _____

Signatures

Supervisor: _____ Date: _____

GA Coordinator, SFA: _____ Date: _____