RIT STUDENT EMPLOYMENT

Graduate Assistant Change Form
Please send completed form to seosubmitforms@rit.edu.
Please enter student's name in the subject line.

Last Name:	First Name: _		
University ID #:	Email:		
☐ Wage Change	e Include job end dat iber Change	e and account number)	
Effective Date of Change (Refer to bi-	weekly pay schedule):/	
Job End Date (Refer to bi-weekly pay	schedule for appropri	iate date):/	o. / Year
Current Hourly Wage: \$ For GA, GGA, GTechA)	_	New Hourly Wage: \$ (For GA, GGA, GTech/	
Current Bi-Weekly Salary \$ (For GTA 1, 2, & 3)		New Bi-Weekly Salary (For GTA 1, 2 & 3)	\$
Current Salary Total \$ (For GTA 1, 2, & 3)		New Salary Total \$ (For GTA 1, 2 & 3)	
Number of Work Hours/Week:			
Account Number: Current number used)	··	_•	
New Account Number: Use for account number change only)	·	·	
Authorized Signature:		Date:	_
Contact (Please Print):	Phone #:	E-Mail	
R SEO USE ONLY			
GISTRATION STATUS: F	WSP	SU	