



Graduate Assistant Payroll Form

Print Name: _____

Social Security Number: _____ H Number: _____

Email address: _____

***** NOTE: Graduate Assistants must fill out a new payroll form every term. *****

This form is for work that will take place during the following term and year (mark only one):

Fall 20__ Spring 20__ Summer 20__

- I certify that I will work 300 hours during the above stated term for a total of \$3,000 to be allocated as stated in my contract.
- I understand that I must complete federal Form I-9 and verify my tax status in the Office of Human Resources (located in the Ezell Building, room 142) prior to starting to work. IMPORTANT: (Form I-9 is a federal form required by the IRS. You will fill out a Form I-9 only once while at Harding. It is different from this form [Graduate Assistant Payroll Form], which must be filled out each semester that you work at Harding.)
- I authorize the payroll department to apply the balance of my paycheck, after withholding federal and state taxes, to my Harding University business office account.

***** NOTE: Graduate Assistants must fill out a new payroll form every term. *****

Graduate Assistant (Signature)

Supervisor (Name)

Date

Supervisor (Signature)

Please submit this completed form to:
Harding University Office of Graduate Programs

Admin. Building 209 C (across from DormNet) or Campus Mail Box 10773 or Fax: 501-279-5192