

HARDING UNIVERSITY

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 prior to starting to work.

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.

Graduate Assistant (Signature)

Supervisor (Name)

Date

Supervisor (Signature)

Please submit this completed form to:

Office of Graduate Programs
Harding University
Administration Building 209 C (across from DormNet)
Box 10733
Fax: 501-279-5192