

Graduate Assistant Personnel Action (GAPA)

New HireRehire

○ Change

Tution Input

ClinicalNon Clinical

○ Home Base Care

The University of Toledo

Hold/Question:

| Name (Last) | (First) | (First) (Mida | | le) | | Rocket ID | | | Date of Birth | |
|---|----------------|--------------------|----------|------------------|-------------------------------|--------------------------------------|---------------------------|-----------------------|--------------------|----------|
| | | | | | | R | | | | |
| Appointments: | | | | Residency: | | | | | | |
| Current Program Hours per | | week: | | Resident Code | : | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Home Department Organi | zation | | Employ | vee Class G1 | I - Graduate Assista | nt | Department M | /ail Sto | р | |
| | | First Distribution | | n | Sec | ond Distribu | tion | | Third Distribution | |
| Employment Length: | | | | | | | | | | |
| Position Class / Title | | | | | | | | | | |
| Position Control Number | | | | | | | | | | |
| Index and Account | | | | | | | | | | |
| Stipend | | | | | | | | | | |
| Merit Award (if Applicable) | | | | | | | | | | |
| Total | Amount Per Pay | | | | | | | | | |
| Employment Dates | Net Pays | Begin Date: | | | Begin Date: End Date: | | | Begin End D | | |
| Examption Code: Fill in a | | Lifu Date. | | | Enu Date. | | | | ale. | |
| Exemption Code: Fill in once unless separate code is used in accounts listed. | | Or Grant | | | Or Grant | | | Or Grant | | |
| Hours Waived: Fill in once unless hours waived are different per account or term. | | | | | | | | | | |
| Grant Fees Paid: | | Insurance Other | _General | l Fee | Insurance Other | surance General Fee | | Insurance General Fee | | l Fee |
| Split funding: (One department paying stipend; another paying tution) | | | | | | | | | | |
| | | | | | | | | | | |
| Additional Remarks | | | | | | | Primary Job Change Reason | | | |
| | | | | Form Created by | r: C | ontact Ext. | Email Address: | | | |
| Approvals (Plea | | es.) | | | | | | | | |
| Paving Department 1 | | Date | | Ext. | Vice Provost/Dear 4 | Vice Provost/Dean of Graduate S | | | ol Manager | Date |
| PI Approval (If applicable 2 | e) | Date | | Ext. | | ants Accounting (If Applicable) Date | | | | |
| Business Manager or De | ean/Designee | Date | | Ext. | | | | | | <u>L</u> |
| Graduate School | Use Only CP | A Fligible | Visa F | ligible (if appl | icable) | | Access I | nput | / | |