



MCNEESE STATE UNIVERSITY

GRADUATE ASSISTANTS EMPLOYMENT

Teaching and Non-Teaching Graduate Assistants

Office of Student Employment
Box 90815 / Smith Hall 104A
475-5102 / 562-4135 FAX

McNeese State University
CHECK LIST
Graduate Assistants Employment

Included in the packet are information, instructions, and forms to assist with the hiring process. Below is an outline of the process that may help organize and ensure all necessary documentation is completed.

Approval Process

Dean/Administrative Director
Vice President
Provost, Vice President

Hire / Change / Terminations

Appropriate Vice President submits Request for Graduate Assistants to Academic Affairs for approval.
Academic Affairs notifies employing department/office of disapprovals.
Academic Affairs forwards Request for Graduate Assistants to Student Employment.

Academic Affairs – GA Hiring Packet Includes:

- _____ GA Employment Form 1: English Fluency Certification Form For New Instructional Faculty (submit on new TGA)
- _____ GA Employment Form 2: Letter of Appointment (submit each semester on GA)
- _____ Official Transcripts submitted from Registrar (submit on new GA; submit on TGA each semester)
- _____ Resume (submit on new TGA)
- _____ GA Employment Form 3: Approval for Temporary Appointment (submit on new TGA)
- _____ GA Employment Form 4: Employee Information Form (submit on new GA)
- _____ GA Employment Form 5: Graduate Assistant Data Form (submit each semester on GA)
- _____ GA Employment Form 7: Request for Graduate Assistants (submit each semester on GA)

Cashier – GA Hiring Packet Includes:

- _____ GA Employment Form 8: Tuition Exemption Application (submit each semester on GA)

Human Resources – GA Hiring Packet Includes:

- _____ GA Employment Form 6: Pre-Employment Application (submit on new TGA)

Research Services – GA Hiring Packet Includes: (Use this form only if funded by **grants**)

- _____ GA Employment Form 7-Grants: Request for Graduate Assistants – Research Svcs (submit each semester on GA)

Student Employment – GA Hiring Packet Includes:

- _____ Payroll and Tax Forms: (new hire paperwork must be completed on new GA in Office of Student Employment)
- _____ GA Employment Form 9: Exit Checkout Form (submit on exiting TGA leaving the University)

Reference

GA : refers to all Graduate Assistants, teaching and non-teaching

TGA: refers only to Teaching Graduate Assistants

Faculty/Staff Handbook: contains a Graduate Assistant Policy in **Section 319.2** which is specific to Graduate Assistants employment. Immediate supervisors are responsible for notifying graduate assistants where to access the current MSU Faculty/Staff Handbook and Graduate Student Orientation Guide.

GA Type: TEACHING GRADUATE ASSISTANT = T or NON-TEACHING GRADUATE ASSISTANT = N

Action: **New Hire (N)** – use this code to indicate if student is being hired for the first time.

Rehire (R) – use this code to indicate if student is a rehire.

Change (C) – use this code to indicate a change (increase/decrease) in hours, pay rate, etc.

Termination (T) – use this code to indicate a termination prior to the end of the employment term.

McNeese State University
GENERAL GUIDELINES
Graduate Assistants Employment

1. **Attachment 1, 2, & 3:** Please read the following documents which provide credential guidelines for Teaching Graduate Assistants: **SACS Criteria for Teaching Graduate Assistants, Attachment 1, Lab Instructor Credentialing Policy, Attachment 2, and Assessment and Certification of Faculty English Proficiency Policy, Attachment 3.**
2. **GA Employment Form 1:** Departments must complete the **English Fluency Certification Form for New Instructional Faculty GA Employment Form 1**, on all **new Teaching** Graduate Assistants and submit to the Vice President for Academic Affairs along with the **Letter of Appointment, GA Employment Form 2**. Must be submitted for all **new Teaching** Graduate Assistant employees.
3. **GA Employment Form 2:** Graduate Assistants receive one-semester appointments. Each Graduate Assistant must complete a **Letter of Appointment, GA Employment Form 2**, which includes information pertaining to length of appointment and expected duties, compensation, and classes to be taught. Letters of Appointment must be signed by the part-time employee, Department Head/Director/Supervisor, Dean, and Vice President. Must be submitted each semester.
4. **Official Transcripts:** **New** Graduate Assistants being appointed for the first time must submit **official** undergraduate and graduate **transcripts** along with a **Letter of Appointment, GA Employment Form 2**, to the Vice President of Academic Affairs. Official transcripts must be submitted directly to Academic Affairs from Registrar ordered by student. **TGA** is required to submit **official transcripts** each semester.
5. **Resume:** **New** Graduate Assistants being appointed for the first time must submit a **resume** along with a **Letter of Appointment, GA Employment Form 2**, to the Vice President of Academic Affairs.
6. **GA Employment Form 3:** Prior to employment, departments must complete the **Approval for Temporary Appointment, GA Employment Form 3**, on all **new Teaching** Graduate Assistants and submit to the Vice President for Academic Affairs along with a transcript. **This form needs to be submitted early enough to obtain approval before employment begins.**
7. **GA Employment Form 4:** **New** Graduate Assistants must complete and submit an **Employee Information Form, GA Employment Form 4**, to the Vice President of Academic Affairs which includes information pertaining to education background.
8. **GA Employment Form 5:** Graduate Assistants must submit a **Graduate Assistant Data Form, GA Employment Form 5**, to the Vice President of Academic Affairs. Must be submitted each semester.
9. **GA Employment Form 6:** **New Teaching** Graduate Assistants must complete the **Pre-Employment Application, GA Employment Form 6**. Return this completed form to the Office of Human Resources, 110 Smith Hall, Box 91615, Lake Charles, LA, Lake Charles, LA, 70609. **Background checks will be conducted for all new Teaching Graduate Assistant employees.**
10. **GA Employment Form 7:** Department/Office **must** have proper funds allocated for Graduate Assistant labor in budget. Each college/division must submit **one Request for Graduate Assistants, GA Employment Form 7**, to the Vice President of Academic Affairs for approval. Request for Graduate Assistants must be signed by the academic dean, if applicable or the division Vice President. Submit request to the Vice President of Academic Affairs by **email** to proberts@mcneese.edu (Penny Roberts) followed by a **hard copy** in the original form. Must be submitted each semester for initial hire **or** for personnel actions (change, or termination) that occur after semester begins and prior to semester ends. (Form can be downloaded from the Student Employment website in Excel format).
11. **GA Employment Form 7-Grants:** Department/Office **must** have proper funds allocated through **Research Services** for Graduate Assistant labor in budget. Each college/division must submit **one Request for Graduate Assistants-Research Services, GA Employment Form 7-Grants**, to the Office of Research Services for approval. Request for Graduate Assistants must be signed by the Principal Investigator, Director of Research Services, and Budget Approver, Lynette Babineaux. Budget Approver submits request to the Student Employment Office in original form. Must be submitted each semester for initial hire **or** for personnel actions (change, or termination) that occur after semester begins and prior to semester ends. (Form can be downloaded from the Student Employment website in Excel format).

12. Payroll and Tax Forms: New Graduate Assistants being appointed for the first time must complete necessary payroll and tax forms in the Office of Student Employment in Smith Hall, Room 104A. These forms must be completed prior to the start of the semester but no later than the close of business on the first day of employment. **Employees may be terminated if documentation necessary to complete the personnel file is not received.** Subsequent appointments do not require submission of payroll information unless a change is required.

Note: Supervisors must submit timesheets with original signatures signed by the graduate assistant and supervisor to the Office of Student Employment.

13. GA Employment Form 8: Graduate Assistants employed through the Office of Student Employment are allowed credit for one-half of the tuition portion of their fees. **IRS Code 117(d) requires that exemptions for graduate students are taxable except to those who are teaching or in research positions. The taxable amount of the exemption will be included on Form W-2.** Each Graduate Assistant should complete the McNeese State University **Tuition Exemption Application, GA Employment Form 8**, and submit to the Cashier's Office located in Smith Hall prior to the deadline for payment of registration fees. No claims for fee exemptions can be accepted later than two weeks after classes begin. Must be submitted each semester.

14. Diversity Awareness Policy: Supervisors must provide all new Graduate Assistants with a copy of the McNeese State University **Diversity Awareness Policy**. This document can be downloaded from the McNeese website, <http://www.mcneese.edu/policy/diversity.php>.

15. GA Employment Form 9: Prior to the last day of employment on all **Teaching** Graduate Assistants, departments must and complete and return the **Exit Checkout Form, GA Employment Form 9**, to Student Employment in Smith Hall, Room 104A, Box 90815, or fax to Ext. 4135. Supervisor must ensure all university property is returned or secured. Must submit the Exit Checkout Form prior to the release of the final paycheck in order to ensure proper payment of final wages.

Note: Teaching Graduate Assistants must provide documentation to demonstrate they meet SACS criteria outlined in Attachments 1, 2, and 3. Additional information about SACS faculty criteria is available from the Office of Institutional Effectiveness and Academic Support, BBC 432, Ext. 5510.

SACS CRITERIA FOR TEACHING GRADUATE ASSISTANTS

Credential Guidelines:

1. Graduate teaching assistants: master's in the teaching discipline or 18 graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations.

LAB INSTRUCTOR CREDENTIALING POLICY (Adopted 8/30/05)

Many courses have lab components. Some labs require a separate grade to be issued on the student transcript. Full-time faculty, part-time faculty, graduate teaching assistants, and visiting lecturers who teach labs where over >50 percent of the course grade is based on the lab component must meet SACS credentialing guidelines. According to the *Principles of Accreditation*, the appropriate credentials are a minimum of 18 graduate semester hours in the teaching discipline, a Masters degree in the teaching discipline, or a PhD in the teaching discipline.

Instructors proctoring labs, coordinating labs, grading quizzes, etc., must work under the supervision of an appropriately credentialed faculty member, and must hold an undergraduate degree in the field of study in which the lab operates or, in justified cases, in a related field. Lab assistants may award partial grades (<50%) for student work as long as faculty assigned to teach the course awards the final grade credited on the transcript. Undergraduate students who assist in labs must be supervised by faculty and may not assign grades.

McNeese State University
**ASSESSMENT AND CERTIFICATION OF FACULTY
ENGLISH PROFICIENCY POLICY**
June 13, 2007

I. Assessment and Certification of Faculty English Proficiency

This policy establishes the responsibility of McNeese State University to assess and certify faculty English proficiency. This policy applies to all full-time and part-time instructional personnel, including graduate assistants, employed by the university and who teach undergraduate and graduate level courses.

In compliance with the Board of Regents policy pursuant to mandates in Act 745 of the 1991 Session of the Louisiana Legislature and the University of Louisiana System policy FS-III.I.C-1, the university is responsible for certifying to the System office certification of English proficiency of all new instructional faculty who were hired on or after July 1, 2007.

II. Definitions Related to Assessment and Certification of Faculty English Proficiency Policy

“Faculty” shall mean all full-time and part-time instructional personnel, but including graduate assistants, employed by the university and who teach undergraduate and graduate level courses.

“Instruction (a)” shall mean the delivery of pedagogical content required of course fulfillment, not including: foreign language courses designed to be taught primarily in a foreign language.

III. Policy

Each academic department is responsible for evaluating their instructional faculty and staff for English language fluency and certifying that those individuals will be permitted to teach only after demonstrating sufficient fluency in English to be understood in the classroom.

Full-time, part-time, and visiting faculty; teaching graduate assistants; instructional staff; and other academic employees who are non-native speakers of English must be evaluated by two personal interviews, one conducted by the academic dean or the department chairperson and the other by a senior member of the faculty. Each academic department may determine individual guidelines for conducting such interviews or whether further assessment by professional presentations is necessary in making the determination. An assessment of a written essay may be included as part of the evaluation in addition to oral assessment.

Certification that a new instructional faculty member, teaching graduate assistant, or other academic employee is sufficiently fluent in English to teach, or that teaching will be limited to courses in which the primary language of instruction is not English, must be made at the time of hire, before the individual teaches a class, by either the academic dean, department chairperson, or designee. If the English language fluency of an individual has been assessed as insufficient or if assessment has not occurred, the academic dean, department chairman, or designee must certify that the individual will not teach. See Form 6-13-07, *McNeese State University English Fluency Certification Form for New Instructional Faculty*, which follows this policy.

Annually, by September 1 of each year, McNeese State University will file a statement of certification with the University of Louisiana System Office indicating that all individuals who teach and who were hired since the effective date of the University of Louisiana System policy FS-III.I.C-1, or hired subsequent to the last annual certification, are fluent in the English language.

Exempt from certification to the System office are individuals who teach foreign language courses or courses designed to be taught predominately in a foreign language.

IV. Policy References:

Act 751 of the 1991 Regular Session
Board of Regents Policy
University of Louisiana System Policy FS-III.I.C-1



McNeese State University
ENGLISH FLUENCY CERTIFICATION FORM FOR NEW INSTRUCTIONAL FACULTY
Teaching Graduate Assistants

SIGNED FORM MUST BE SUBMITTED WITH LETTER OF APPOINTMENT

Appointee Information

NAME: _____

DEPARTMENT: _____

COLLEGE: _____

APPOINTMENT: Tenure Track Non-Tenure Track Visiting Lecturer Part-Time
 Other _____

Starting Semester: _____

I/We have personally interviewed the appointee and certify that the appointee's Mastery of English is adequate for effective communication with the students he/she will be teaching.

Criteria used in addition to personal interview(s): _____

I/We certify that the above appointee is exempt from the certification requirements of Act 754 of the 1991 Legislature concerning assessment and certification of Faculty English Proficiency because:
 The candidate will not be assigned instructional responsibilities.
 The candidate will be assigned instructional responsibilities only in courses in which the primary language of instruction is not English.

Signed: _____
Department Chair/Program Head

Name (please print)

Department

Date

Signed: _____
Dean

Name (please print)

Information on this document must be typed.

McNeese State University
LETTER OF APPOINTMENT
 Graduate Assistants

Total weekly hours: _____
 Total pay: \$ _____

STUDENT'S NAME: _____ BANNER ID #: _____
 BUDGET UNIT: _____ ACCOUNT #: _____
 HIGHEST DEGREE: Bachelor Master Terminal APPOINTMENT TERM: **CHOOSE ONE...**

1. Type of appointment: Direct Supervisor(s): _____
 Teaching (Complete #2) **Research** (Complete #3) **Administrative** (Complete #4)

2. For **TEACHING** (instructor of record or teaching assistant) appointments, list classes student is teaching.

Complete if student is instructor of record.

Course	Section	Credits	Hours per Week 2.5 x Credits	Course Stipend
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Complete if student is teaching assistant, lab assistant, or tutor.

Hourly wage is \$ _____ for an appointment maximum of \$ _____. Hours per week are _____ for an appointment maximum of _____.

3. For **RESEARCH** appointments, identify research project(s) to which student is assigned.
 Hourly wage is \$ _____ for an appointment maximum of \$ _____. Hours per week are _____ for an appointment maximum of _____.

4. For **ADMINISTRATIVE** appointments, describe duties student is expected to perform.
 Hourly wage is \$ _____ for an appointment maximum of \$ _____. Hours per week are _____ for an appointment maximum of _____.

5. Previous evaluations (teaching, other) on file in departmental office: Yes No

6. State-mandated training completed: Yes No Date verified: _____

7. Student's current degree or certificate major: _____

8. Student in good standing with Graduate Studies and no financial holds: Yes No Date verified: _____

9. Student's class schedule for the appointment semester attached: Yes No

10. Official transcripts on file: Yes No

11. Previously employed at McNeese: Yes No
 If yes, indicate most current appointment: Semester: **CHOOSE ONE...** Year: _____

By signing below, I accept the appointment described above and agree to comply with all University, governing agency, and NCAA (if applicable) policies, and I understand that, as a part-time employee, I am not eligible for employee benefits.

 Student Date

By signing below, I agree that this student is qualified by degree(s), graduate coursework, and/or experience to hold this appointment.

 Budget Unit Head Date Direct Supervisor of Budget Unit Head Date

 Executive Director, Graduate Studies and Extended Education Date Provost Date

This form must be completed and submitted to the Doré School of Graduate Studies and Extended Education (Box 92180, SEED Center 156) no later than the the first day of class each semester.

McNeese State University
APPROVAL FOR TEMPORARY APPOINTMENT
Teaching Graduate Assistants

Please Print Clearly

DEPARTMENT: _____		SEMESTER: _____	
NAME: _____		SOCIAL SECURITY: _____	
HIGHEST DEGREE: _____			
Number of earned graduate hours related to the course(s) this person will teach: _____ Identify Graduate Courses completed which are related to the course(s) the person will teach: _____ _____ _____ _____ _____ _____ _____ _____ _____ Other: _____		Course(s) this temporary appointee will teach * <u>Course Abbreviation and Number</u> _____ _____ _____ _____ *Persons teaching at the graduate level must obtain graduate faculty membership. Recommendations for graduate faculty membership are approved by the Graduate Council.	
Has this person taught at McNeese before? Yes _____ No _____ (If NO, official transcripts must be submitted to the Office of Academic Affairs)			
_____ Department Head		_____ Date	
_____ Dean		_____ Date	
_____ Director of Institutional Effectiveness		_____ Date Approved	_____ Date Denied
_____ Vice President of Academic Affairs		_____ Date	
_____ President		_____ Date	
Comments for Personnel Files: _____ _____ _____			

McNeese State University
4205 Ryan Street
Lake Charles, LA 70609
EMPLOYEE INFORMATION FORM

McNeese State University assures equal opportunity for all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital status, or veteran's status.

Complete in detail. Return with hiring notice or Letter of Offer.

1. **Name:** _____
(Print) Last First Middle Social Security Number

2. **Address (Current):** _____
Number Street City State Zip Code
Home Telephone (_____) _____ - _____ Business Telephone (_____) _____ - _____

3. **Date of Birth:** _____ / _____ / _____

4. **Gender:** Male Female

5. **Are you a U.S. Citizen?** Check One
_____ Yes, **U.S. Citizen**
_____ No, **Resident Alien**
_____ No, **Non-Resident Alien**

If not U.S. Citizen, country of citizenship _____
Also, country of residence if different _____

6. **Ethnic Origin:**
Are you Hispanic or Latino? Check One
_____ Yes, **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
_____ No, **Non-Hispanic or Non-Latino**

7. **Race Categories:**
What is your race? Check one or more races to indicate what you consider yourself to be.
_____ **American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
_____ **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
_____ **Black or African American** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
_____ **Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term "Native Hawaiian" does not include individuals who are native to the State of Hawaii by virtue of being born there.) Includes the following Pacific Islander groups: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese.
_____ **White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
_____ **Other** If you check other, also indicate race on following line:
Race _____

8. **Previously employed by the State of Louisiana?** Yes No

If yes, total months employed _____ Identify last employing agency _____

Direct family members employed at McNeese _____

9. **Are you a veteran?** Yes No

If yes, please check one of the following:

- Special Disabled Veteran
- Vietnam-era Veteran
- Other Eligible Veteran

10. **Position applied for:** _____

Department: _____

College: _____

11. **How did you find out about this employment opportunity?**

- McNeese State University Website
- HigherEdJobs.com
- Newspaper (Specify) _____
- Other (Specify) _____

EDUCATION

Check the block for the highest level of education you have completed: *Check One*

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Trade Schools and/or Professional Certifications
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

List degree, date awarded, major, and institution for any degree(s) earned:

<u>Degree</u>	<u>Date Awarded</u>	<u>Major</u>	<u>Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING EXPERIENCE

FULL-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NON-TEACHING EXPERIENCE

FULL-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____
Address: _____ **Telephone Number:** _____

CLASSIFIED employees **MUST SEND** the Employee Information Form to Human Resources, Box 91615, MSU, Lake Charles Louisiana 70609.

UNCLASSIFIED employees **MUST SEND** three letters of recommendation, an official transcript(s) of all college credit, and the Employee Information Form to the Vice President for Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

VISITING LECTURERS (VL) **MUST SEND** an official transcript(s) of all college credit and the Employee Information Form to Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

GRADUATE ASSISTANTS (GA) **MUST SEND** an official transcript(s) of all college credit and the Employee Information Form to Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

**Employees may be terminated if documentation necessary to complete the personnel file is not received.
Any falsification of information or failure to provide essential information will be cause for disqualification or dismissal.**

Signature: _____ **Date:** _____

GRADUATE ASSISTANT DATA FORM

The department head must submit a completed Graduate Assistant Data Form for each Graduate Assistant to the Vice President of Academic Affairs, Burton Business Center, Room 427, no later than the end of the first day of class each semester. A transcript must be included if the graduate assistant completed undergraduate work at an institution other than McNeese. The data form must be submitted each semester. Please read the attached guidelines for teaching and non-teaching graduate assistant requirement.

Name _____ Social Security # _____

Year: _____ Semester: Fall _____ Spring _____ Summer _____

1. Currently enrolled at McNeese: Yes _____ No _____

2. Previously employed at McNeese: Yes _____ No _____

If yes, which department? _____

3. In what program is student enrolled: _____

4. Student currently enrolled in:

Course Number	Credit Hours
---------------	--------------

_____	_____
_____	_____
_____	_____

5. Is student in good standing in Graduate School? Yes _____ No _____

(Date verified with Graduate School) _____

6. Official transcript sent to Vice President of Academic Affairs (Box 93220):

Date Sent _____

7. List degree(s) earned:

Degree(s) Earned (Indicate Major)	Date Completed	Institution
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_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **If student is not teaching**, (1) briefly describe duties below and (2) sign and date the back of this for and return.

9. Current classes student is teaching:

Course Number	Title
_____	_____
_____	_____
_____	_____

10. Graduate courses completed in area related to courses taught:

Course Number	Title	Credit Hours	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Describe unique experience and attach documentation related to the teaching field (e.g. technical, professional, teaching, etc.)

12. Previous semester(s) teaching evaluations on file in departmental office: Yes _____ No _____

13. In-service training documentation on file in departmental office: Yes _____ No _____

Faculty Supervisor _____

Rank _____ Department _____

In my opinion this graduate assistant is qualified by degree(s), graduate credit hours, and/or experience to serve in the capacity described above. I understand that if the graduate assistant has been incorrectly assigned that a replacement must be made immediately.

Department Head Signature _____ Date _____ Department _____

Dean Signature _____ Date _____ College _____



McNeese State University
PRE-EMPLOYMENT APPLICATION

**RETURN FORM TO:
HUMAN RESOURCES, BOX 91615, LAKE CHARLES, LA 70609 (BY US MAIL)
337-475-5104 (BY FAX)**

First Name

Middle Name or Initial

Last Name

Social Security Number

Date of Birth (MMDDYYYY)

Male

Female

Primary Telephone Number (no dashes)

Cell Phone

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Position for which applying

Department

- Yes** **No** Are you currently holding or running for an elective public office?
- Yes** **No** Have you ever been convicted of a felony?
- Yes** **No** Have you ever been fired from a job or resigned to avoid dismissal?

CONSENT TO REQUEST CONSUMER REPORT & INVESTIGATIVE CONSUMER REPORT INFORMATION

I understand that **University of Louisiana System, McNeese State University** will use **Sterling Info Systems Inc., 249 West 17th Street, New York, NY 10011, (877) 424-2457** to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, **McNeese State University** may obtain further Reports from STERLING so as to update, renew or extend my employment.

I understand **Sterling Info Systems Inc.'s** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if **McNeese State University** makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify **McNeese State University** within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize **McNeese State University** to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

- California, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by **McNeese State University** from STERLING by checking the box. (Check only if you wish to receive a copy)
- Maine Applicants Only:** By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding any investigative consumer report as well as receive a copy of any investigative consumer report obtained by **McNeese State University** from Sterling.
- Connecticut, Maryland, Oregon and Washington State Applicants Only (AS APPLICABLE):** I further understand that **McNeese State University** will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law, (ii) I am seeking employment with a financial institution (Connecticut only); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only), (iv) the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below) ,(v) I am seeking employment as a covered police or peace officer or with a federally insured bank or credit union (Oregon only) or (vi) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only),

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

All potential employees at McNeese State University are expected to have clear background records prior to finalizing hiring.

All individuals hired, reassigned, or promoted into a Safety-Sensitive or Security-Sensitive position will be required to satisfactorily complete a background investigation. For information regarding Safety-Sensitive or Security-Sensitive positions, refer to the Human Resources website <http://www.mcneese.edu/hr/training.asp>

I certify that all statements made on the application and any attached papers are true and complete to the best of my knowledge. I understand that information on the application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible list and/or subject me to dismissal from service.

NOTE: In no case can the employee begin working prior to receipt of the investigation results. Refusal to sign this authorization will remove the individual from consideration of employment at McNeese State University.

Signature

Today's Date (MMDDYYYY)

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	<i>PLEASE CONTACT</i>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051

McNeese State University
TUITION EXEMPTION APPLICATION
Graduate Assistants

SEMESTER & YEAR: _____

BANNER ID / SS #: _____

NAME: _____

DEPARTMENT: _____

HOUR'S ENROLLED: _____

PARTIAL TUITION EXEMPTION FOR GRADUATE ASSISTANTS

Graduate Assistants who are employed through the Office of Student Employment are allowed credit for one-half of the tuition portion of their fees. **IRS Code 117(d) requires that exemptions for graduate students are taxable except to those who are teaching or in research positions. The taxable amount of the exemption will be included on Form W-2.** This exemption will be granted only upon presentation of a properly completed Graduate Assistant Fee Exemption Application AT THE TIME OF REGISTRATION. All approvals (signatures) must be obtained before the exemption will be allowed.

In addition, all Graduate Assistant fee exemptions must be claimed WITHIN TWO WEEKS AFTER CLASSES BEGIN. Graduate Assistants who resign assistantships during the semester or are terminated after the end of late registration do not reimburse the institution for the pro-rated share of their exempted tuition; however, they are ineligible for future employment as graduate assistants unless approved by the Graduate School dean. Assistantships may be revoked at any time duties are not fulfilled satisfactorily.

I verify that this application is just and true in all respects. I have read the "Partial Tuition Exemption for Graduate Assistants" policy written above and certify that I am eligible to claim this exemption for the semester listed above.

Signature of Graduate Assistant

Date

I certify that I have examined this fee exemption application and that the applicant meets all qualifications according to the "Partial Tuition Exemption for Graduate Assistants" policy.

Signature of Applicant's Department Head

Date

Signature of Applicant's Dean/Director/Administrator

Date

McNeese State University
EXIT CHECKOUT FORM
Teaching Graduate Assistants

Please complete and return the Exit Checkout Form to Student Employment in Smith Hall, Room 104A, Box 90815, or fax to Ext. 4135.

Name: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

(Note: W-2 will be mailed to the forwarding address)

Employee Type: Teaching Graduate Assistant

The following checklist must be completed prior to your employee leaving the University.

<p>DEPARTMENT/OFFICE: _____</p> <p>_____ Office/desk inventory checked</p> <p>_____ All directories and files cleared from office computer</p> <p>_____ Personal property removed from office</p> <p>_____ Procedure and software manuals, etc. returned</p> <p>_____ Non-office workspace (lab, workroom, etc.) is clean and in order</p> <p>_____ Filing cabinet and/or desk keys returned</p> <p>_____ Departmental post office keys returned</p> <p>_____ Building/Office keys returned</p> <p>_____ Test in order</p> <p>_____ Desk copies of text returned</p> <p>_____ Grades submitted to Registrar's Office and/or Department Head</p> <p>_____ Explanation of how final grade was derived submitted to Department Head</p> <p>_____ Attendance records submitted to Department Head</p> <p>_____ Arrangements made for students with incomplete grades</p> <p>_____ Final report/paperwork submitted to Research Services if grant PI</p> <p>_____ Other property: _____</p> <p>Authorized Department Signature: _____</p>
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