# Graduate Assistant

# New Appointment - Fall and Fall/Spring

**Teaching Only**

**[Graduate Assistantship payroll authorizations are typically processed by the student’s academic home department. If you are hiring a student from another academic department, you should be in touch with the academic home department before issuing an offer letter. In the case of a graduate student enrolled in an entrepreneurial program, the hiring department may find themselves responsible for reimbursing the entrepreneurial program for lost revenue.]**

Dear \_\_\_\_\_\_:

I am pleased to offer you an appointment as a **[full-time/half-time]** Graduate Assistant in the **[Department**] of the **[School or College**]. The rates for this position in the **[AY]** academic year are [**RATE**]. This rate is payable in biweekly installments. This appointment has teaching responsibilities. This appointment requires that you devote to this assistantship **[20/10]** hours per week. [**IF APPLICABLE**: This appointment includes in-person, on-campus responsibilities and is contingent on your ability to arrive to campus by the start date and remain through the end date of your appointment.]

The rates for this position in the [**AY**] academic year are [**RATE**]. This rate is payable in biweekly installments. [**AS APPLICABLE FOR INCOMING DOCTORAL STUDENTS:** Compensation at the Level 2 stipend rate of **[state the numerical amount]** is conditional upon the submission of the final transcript which reflects the successful completion of the Master’s Degree program prior to the start date of the appointment to the University of Connecticut Graduate Admissions team ([gradadmissions@uconn.edu](mailto:gradadmissions@uconn.edu)). Until such time, compensation will be at the Level 1 stipend rate of **[state the numerical amount]**.] You will receive the first of your biweekly stipend payments at the close of the pay period in which you are hired, contingent upon all required documentation being in place.  We advise that you plan with this state-regulated schedule in mind.

Your appointment will start on **[DATE**] and extend through **[DATE**] and is contingent upon your full time registration as a graduate student in 6 credits or more. You are expected to be registered in 6 credits or more prior to the start date of your appointment. This appointment is also contingent upon meeting the qualifications required of the position at the start of the appointment, including acceptance of an approved I-9 (Employment Eligibility Verification Form) and proof of English proficiency for those with instructional duties. Graduate Assistants must timely complete all University-mandated trainings as assigned, including Sexual Harassment Prevention, Diversity Awareness, and annual Compliance Training. Before beginning teaching duties with potential safety hazards, you must successfully complete the required EHS employee safety training. For more information visit the following website: <https://ehs.uconn.edu/employees/new-uconn-employees/>. (**AS APPLICABLE** - In addition to the conditions set forth in this letter and other applicable rules and policies, this offer for a Graduate Assistantship is contingent upon The Graduate School’s final review and acceptance of your application as a matriculated graduate student at the University of Connecticut.)

Your supervising faculty member **[NAME**] will arrange your schedule with you. Unless you hear otherwise your assistantship will end on **[DATE]**. Most GAs are notified within 60 days prior to expiration whether the appointment will be renewed in the future. GA renewals are typically subject to the continued availability of funds, departmental needs and satisfactory progress in your degree program. We see this appointment as a complement to your progress toward the [**M.A./Ph.D.]** degree.

Your appointment carries a tuition waiver for the duration of the appointment. If your arrival on campus is delayed beyond the starting date of your appointment without permission from your supervisor and The Graduate School, there will be a pro-rated decrease in the amount of the tuition waiver, or your assistantship may be cancelled.  While tuition will be waived, you will be responsible for paying university fees at the negotiated rate. You have the option of enrolling in GA payroll deductions to pay your term fees, so long as you select that option before the tenth day of each academic term. Visit <http://studentadmin.uconn.edu/help/students/request-ga-payroll-deduction/> to view instructions on enrolling in GA payroll deductions and contact the Bursar’s Office with any questions.

In addition to your tuition waiver, the University provides an opportunity to purchase subsidized health insurance under the Connecticut Partnership Plan. **Critical information about health and dental benefits: Eligible participants have 31 days from their appointment start date to enroll or waive in coverage. Late enrollees may enroll during the Open Enrollment Period held annually from April 15 through May 15 for a September 1 effective date of the following plan year.** For more information about the medical and dental insurance plan as well as other optional benefits you may purchase are available at the following website: <http://www.hr.uconn.edu>.

Other rights and terms and conditions of your employment are contained in the collective bargaining agreement between the University of Connecticut and the Graduate Employee Union Local 6950 – International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (GEU-UAW).  A copy of the collective bargaining agreement as well as contact information and other informational materials, including how to become a member of the union, may be found on the GEU-UAW Local 6950 Website at: <http://www.uconngradunion.org/>.

By accepting this appointment, you are authorizing the University to disclose Employment Information that might otherwise be covered by the Federal Education Rights and Privacy Act to the GEU-UAW. Employment Information is limited to your full name, employee identification number, appointment start and end date, job title, appointment type (teaching, research, or teaching/research combination), percent appointment level, pay step, biweekly stipend, work department or hiring unit, work location and department head.

Should you have any questions regarding your appointment please feel free to contact **[CONTACT]** at **[PHONE]** or **[EMAIL]** in the Department of **[DEPARTMENT]**.

**[REQUIRED LANGUAGE TO BE INCLUDED FOR INCOMING STUDENTS]** UConn supports the Council of Graduate Schools’ (CGS) “April 15 Resolution”: <https://cgsnet.org/april-15-resolution>. In accordance with the Council of Graduate Schools’ Resolution, you may consider other offers of financial support (such as a graduate scholarship, fellowship, traineeship, or assistantship) for the **[FALL/SPRING] [YEAR]** until the April 15 deadline. Any decision made after April 15 is an obligation that you are expected to honor. Likewise, the University will honor this offer until the April 15 deadline, after which point it will be rescinded unless you are informed in writing that the deadline for a decision has been extended. Although you are under no obligation to accept this offer prior to April 15, **[YEAR]**, please inform us in writing as soon as you have made a decision so that we may extend offers to other prospective students if possible.

Please indicate your acceptance of the offer by signing below, and returning one copy of this letter to **[GRADUATE PAYROLL PROCESSOR]** no later than **[DATE]**. An electronic copy of the signed offer is acceptable. However, please note that should you return your offer letter after this date, it is possible that your first pay check may be delayed.

Sincerely,

Department Head

I accept this Graduate Assistantship appointment under the terms described above.

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Signature Date

I acknowledge that if I fail to arrive in the United States prior to the start of my **[Fall/Spring] [YEAR]** appointment or **[AY]** academic year appointment or depart prior to the end date of my appointment without permission from my supervisor, the terms and conditions of my employment could be impacted accordingly.

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Signature Date

cc: Dean

Payroll Department

Enclosure: Supplemental Description of Duties

*Updated: September 2020*