

Graduate Assistant Registration Voucher

Name of GA: _____
Last First Middle Initial

Address: _____
Street City, State Zip Code

Scheduled to work for: _____ in _____ Department
Staff or Faculty Member Name

GA Position will be paid by _____ GA Budget

Supervisor Approving Hours: _____

_____ hours a week for 14 weeks = _____ Requested Number of Hours for the _____ Semester and Year

Approved By: _____ Date: _____
Signature of Department Chairperson

When this form is signed by the Department Chairperson, it should be sent to the Office of Graduate Studies for final approval. This form should be re-submitted each semester.

Additional documentation required:

- 1) A Local Services Tax Exemption Certification (to be completed each calendar year)
<http://www.hab-inc.com/content/upload/AssetMgmt/images/forms/LSTExemptionCertificate.pdf>
- 2) A W4 form <http://www.irs.gov/pub/irs-pdf/fw4.pdf> (to be submitted with initial voucher)
- 3) An I9 form <http://www.uscis.gov/files/form/i-9.pdf> with supporting documentation (to be submitted with initial voucher)
- 4) A Local EIT form http://adcomputer.com/forms/adcomputer_forms/local_eit_residency_certification.pdf (to be submitted with initial voucher)
- 5) A Reciprocal Tax Form <http://www.brynmawr.edu/controller/PArev-420formstateincometaxexemptionforpayroll1209.pdf> for students whose permanent address is in MD, IN, OH, NJ, VA, and WV (to be submitted with initial voucher)

If there is any change in work or enrollment status, the Office of Graduate Studies must be notified immediately.

Confirmed By Office of Graduate Studies & Submitted to the One Stop Shop on: _____