



# Graduate Supplemental Contract

Date: \_\_\_\_\_

Banner ID# \_\_\_\_\_

Student: \_\_\_\_\_

Current Department:	_____
Position:	_____
# of hours per week:	_____

Temporary Department:	_____
Position:	_____
# of hours per week:	_____

**\*\*Effort Performed For Temporary Department Only**

Start Date	End Date	Fund/Index- Account	Amount
_____	_____	_____	_____

\*\*Start and end dates of Effort Performed may not always coincide with the start and end date of payments made due to the manner in which payment is allocated by the payroll system.

Additional Information:

**APPROVALS: (COLLECT ALL REQUIRED SIGNATURES BEFORE SUBMITTING TO THE GRADUATE OFFICE)**

- *During Fall and Spring semesters the total for all contracts may not exceed 20 hours per week*
- *During Summer semester, the total for all contracts may not exceed 20 hours per week for international students while school is in session and may not exceed 40 hours/week for any student.*
- *By signing this contract it is understood and agreed upon that while both contracts are active, the student work load may not exceed the weekly limits set in effect by this contract and that stipend maximums apply, no exceptions.*

Supervisor (original contract)	_____	Date: _____
Supervisor (supplemental contract)	_____	Date: _____
Department Chair (original contract)	_____	Date: _____
Student Advisor	_____	Date: _____
Student Acceptance	_____	Date: _____
Business Office	_____	Date: _____
Dean of Graduate Studies	_____	Date: _____

**Payroll Office Use Only**

First Pay Date: \_\_\_\_\_

Last Pay Date: \_\_\_\_\_

Total Number of Pay Periods: \_\_\_\_\_

Stipend Per Pay Period: \_\_\_\_\_