GRADUATE STUDENT WORK AUTHORIZATION

The following policy applies to all domestic graduate students:

George Mason University policy limits graduate students to working no more than 20-hours per week as graduate assistants, graduate lecturers and/or in student wage positions. Students seeking to work more than 20 hours/week (but no more than 30) must obtain permission from both their academic/faculty advisor and the graduate associate dean of their home academic unit <u>prior to accepting an additional appointment</u>. This requirement applies whether the student is appointed in one or in multiple academic units.

In addition, per the Affordable Care Act, all graduate students are <u>limited to working no more than 1450 hours</u> (29 hours per week on average) in the May 1 – April 30 calendar year. If a student's hours approach 1450 before the end of the calendar year, the student must be terminated from any and all positions that would cause the total to exceed 1450 hours. Therefore, <u>a thorough review of a student's cumulative positions</u>, hours worked, <u>and hours anticipated should be conducted **before** authorizing additional work. For questions pertaining to a student's work history and hours worked, contact your unit's Human Resource staff.</u>

All associated hiring units should maintain a copy of this form.

STUDENT INFORMATION

G#	Name: (Last, First, MI)	
POSITIONS CURRENTLY HEI	L D	
Position #1		
Position type:	Hiring Unit	Supervisor
(GRA, GTA, GPA, GL, Wage)	(College/school, program, department, non-academic unit)	
Position start date	Position end date	Hours per week
Position #2		
Position type:	Hiring unit	Supervisor
(GRA, GTA, GPA, GL, Wage)	(College/school, program, department, non-academic unit)	
Position start date	Position end date	Hours per week

NEW POSITION INFORMATION

Position type	Hiring unit	Supervisor
(GRA, GTA, GPA, GL, Wage)	(College/school, program,	
	department, non-academic unit)	
Position start date	Position end date	Hours per week
Total work hours per week (includi	ng new position):	
CERTIFICATION AND AUTHO	DRIZATION	
-	is accurate and complete. I understand I mudent and that I may not work more than 1	-
Student's signature		Date
progress towards her/his degree. I do continue making progress and to	rs and certify that the student is in good ac do not believe the additional hours will into be successful in the degree program. In ac ident at risk of working over 1450 hours do	erfere with the student's ability ldition, I certify that the
Faculty Advisor's name (printed)		
Faculty Advisor's signature		Date
Graduate Associate Dean Authorize I authorize the additional work hou	zation rs for the student and term specified above	·.
Associate Dean's name (printed)		
Associate Dean's signature		Date