

## 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 prior to accepting an additional appointment. 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 limited to working no more than 1450 hours (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, a thorough review of a student's cumulative positions, hours worked, 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.

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

### STUDENT INFORMATION

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Name: (Last, First, MI)

### POSITIONS CURRENTLY HELD

#### *Position #1*

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Position type: (GRA, GTA, GPA, GL, Wage)	Hiring Unit (College/school, program, department, non-academic unit)	Supervisor
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Position start date	Position end date	Hours per week
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#### *Position #2*

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Position type: (GRA, GTA, GPA, GL, Wage)	Hiring unit (College/school, program, department, non-academic unit)	Supervisor
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Position start date	Position end date	Hours per week
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**NEW POSITION INFORMATION**

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Position type <i>(GRA, GTA, GPA, GL, Wage)</i>	Hiring unit <i>(College/school, program, department, non-academic unit)</i>	Supervisor
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Position start date	Position end date	Hours per week
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Total work hours per week (including new position): \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION**

***Student Certification***

I certify that the above information is accurate and complete. I understand I may not work more than 30 hours per week while a full-time student and that I may not work more than 1450 hours in the May 1 – April 30 calendar year.

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Student's signature	Date
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***Faculty Advisor Authorization***

I authorize the additional work hours and certify that the student is in good academic standing and is making progress towards her/his degree. I do not believe the additional hours will interfere with the student's ability to continue making progress and to be successful in the degree program. In addition, I certify that the additional hours will not put the student at risk of working over 1450 hours during the May 1 – April 30 calendar year.

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Faculty Advisor's name (printed)
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Faculty Advisor's signature	Date
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***Graduate Associate Dean Authorization***

I authorize the additional work hours for the student and term specified above.

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Associate Dean's name (printed)
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Associate Dean's signature	Date
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