# Graduate Assistant Mid-Appointment FTE or Stipend Level Change Template

**When to Use This Template:**

The template below should be used for mid-appointment FTE changes\* (e.g., a GA appointed for 10 hours per week will be increased to 15 hours per week effective October 15) or mid-appointment stipend level changes (e.g., a GA in a department that typically processes mid-semester increases passed their General Exam and is now eligible for Level 3).

\*Please note, an FTE reduction must be voluntarily requested by the GA, requires documentation, and should not be retroactive. If you have concerns about a GA’s FTE, please consult Labor Relations before implementing any reduction in the GA’s appointment.

**Template Instructions:**

* In addition to the appointment term box, fields in **bold** indicate specific information the department should input.
* Sections prefaced with guidance language may be optional and should be deleted if they do not apply to the GA.
* The start and end dates of the appointment listed in the overview of appointment terms section should reflect the start and end date of the GA’s original offer letter (e.g., a GA was originally appointed for 10 hours per week from August 23-May 22 and is now increasing to 15 hours per week effective October 15. The start date of the appointment remains August 23 and the end date remains May 22. The effective date and changes to the stipend amounts is outlined in detail below the overview section).
* Offer letters should be issued on department letterhead.
* Offer letters must be fully executed (signed by all parties) in order to be processed by payroll.

Departments may find detailed information and resources to assist in assistantship administration here: <https://grad.uconn.edu/staff/assistantship-information/> and here: <https://payroll.uconn.edu/graduate/>.

Information above the asterisks below is for instructional purposes only and should not be included in the offer letter.

**\*\*\*\*\*\***

**DATE**

**GA’S LEGAL NAME &**

**MAILING ADDRESS**

Dear **NAME**:

This is a revised letter superseding the offer dated **DATE**. I am pleased to offer you an appointment as a Graduate Assistant (“GA”) at the University of Connecticut. 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 information below provides an overview of your appointment terms.

|  |  |
| --- | --- |
| Academic home department | Click or tab here to enter text. |
| Hiring department/unit | Click or tab here to enter text. |
| Building location (if applicable) | Click or tab here to enter text. |
| Appointment responsibilities:  (Teaching, research, or teaching/research combination) | Choose an item. |
| If teaching or teaching/research, will the position potentially involve instructional contact duties for which the GA must satisfy UConn’s English Proficiency Policy for TAs described below? | Choose an item. |
| GA supervisor | Click or tab here to enter text. |
| Graduate payroll processor name and email | Click or tab here to enter text. |
| Start date of current appointment | Type the date or use the down arrow to access a calendar |
| End date of current appointment | Type the date or use the down arrow to access a calendar |
| Onboarding resources | <https://grad.uconn.edu/assistantships/> |
| Deadline to accept or decline this offer | Type the date or use the down arrow to access a calendar |
| Union info | <http://www.uconngradunion.org/> |

**[FOR MID-APPOINTMENT FTE CHANGES; DELETE THIS PARAGRAPH IF THIS IS NOT A FTE CHANGE:** From **DATE** to **DATE**, the stipend for this position for **NUMBER OF HOURS** hours per week is **STIPEND AMOUNT**. From **DATE** to **DATE**, the stipend for this position for **NUMBER OF HOURS** hours per week is **STIPEND AMOUNT**. The total stipend for the **SEMESTER OR ACADEMIC YEAR** for this position will be **STIPEND AMOUNT**.]

**[FOR MID-APPOINTMENT STIPEND LEVEL CHANGES; DELETE THIS PARAGRAPH IF THIS IS NOT A STIPEND LEVEL CHANGE:** From **DATE** to **DATE**, the stipend for this position for **NUMBER OF HOURS** hours per week at the Level **#** rate is **STIPEND AMOUNT**. From **DATE** to **DATE**, the stipend for this position for **NUMBER OF HOURS** hours per week at the Level **#** rate is **STIPEND AMOUNT**. The total stipend for the **SEMESTER OR ACADEMIC YEAR** for this position will be **STIPEND AMOUNT**.]

The stipend for this position as listed above is payable in biweekly installments. 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. Please note, this appointment letter does not include summer or winter intersession appointments. Intersession appointments do not carry a tuition waiver.

Your appointment 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 each semester. 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. Please be aware that UConn’s English Proficiency Policy for TA’s (<https://ita.uconn.edu/english-proficiency-policy-for-ita/>) is separate from the English proficiency requirement for admission. Even if proof of proficiency was waived for purposes of admission, proof of proficiency is required for those who will be assigned instructional duties as part of their graduate assistantship. Classroom instructional duties require a higher level of English proficiency to ensure the TA can facilitate the understanding of complex topics to undergraduate students who are non-experts in the subject matter. It is the student’s responsibility to review the policy and testing procedures and, if applicable, either submit proof of English proficiency or register for an assessment in a timely manner. More information about how to do so is provided by International Teaching Assistant Services (<https://ita.uconn.edu/>). If the Department does not receive proof of English proficiency by the start date of the appointment, the Department has the right to rescind the offer.

GAs must timely complete all University-mandated trainings as assigned, including Sexual Harassment Prevention, Diversity Awareness, and annual Compliance Training. Before beginning GA 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/>.

Your supervising faculty member will arrange your schedule with you. We see this appointment as a complement to your progress toward your graduate degree. Unless you hear otherwise, your assistantship will end on the end date listed above. Most continuing GAs are notified of a renewal by June 1 prior to a fall semester or academic year appointment and 60 days prior to the start of a spring semester appointment. GA renewals are typically subject to the continued availability of funds, departmental needs and policies and satisfactory progress in your degree program.

Your appointment carries a tuition waiver for the duration of the appointment. 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 <https://bursar.uconn.edu/tuition-fees/graduate/graduate-assistants/> to view instructions on enrolling in GA payroll deductions and contact the Office of the Bursar with any questions. If your arrival on campus may be delayed beyond the starting date of your appointment you must notify and seek approval from your supervisor and The Graduate School, as there may be a pro-rated decrease in the amount of the tuition waiver, or your assistantship may be cancelled.

It is a requirement of the University that all full-time students maintain health insurance coverage. As a benefit associated with your employment as a Graduate Assistant, the University provides an opportunity to purchase, or continue to purchase, subsidized health insurance under the Connecticut Partnership Plan. Information about the medical and dental insurance plan, as well as other optional benefits you may purchase, and specific dates of open enrollment, is available at the following website: <https://www.hr.uconn.edu/ga-health-insurance/>. Additionally, as a GA you are entitled to the reimbursement of verified repatriation insurance premiums.

**Critical information about health and dental benefits for new Graduate Assistants:**

* **Eligible participants must take action within 31 days from their appointment start date to submit their election to either enroll in or waive coverage.**
* **Late enrollees may enroll during the Open Enrollment Period held in August each year (dates vary per year: notifications sent via email from Human Resources) for a September 1 effective date or within 31 days of a qualifying life event.**

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.

The work you will be doing is in accordance with your academic plan and may become associated with your thesis or dissertation, so it will be to your advantage to invest significant effort.

Please indicate your acceptance of the offer by signing below and returning one copy of this letter to your graduate payroll processor no later than the stated deadline. 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 paycheck may be delayed. It is recommended that you keep a copy of this letter for your records.

Should you have any questions regarding your appointment please feel free to contact the GA supervisor or graduate payroll processor listed above. The Graduate Assistant Onboarding webpagefoundat<https://grad.uconn.edu/assistantships/> includes helpful resources and action items that will help you successfully transition into your assistantship.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature Academic Advisor Signature **[Only required if the GA is being appointed in a non-academic unit; delete if not applicable]**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GA Signature Date

I acknowledge that if I fail to arrive in the United States prior to the start of my 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GA Signature Date

cc: Dean

Payroll Department

Enclosure: Supplemental Description of Duties

*Updated: January 2024*