

Date _____
 Originated by _____
 Phone _____
 Fax _____

**UNIVERSITY OF FLORIDA
 GRADUATE STUDENT-PERSONNEL ACTION
 OTHER PERSONAL SERVICES**



**UNIVERSITY OF
 FLORIDA**

FORM GS 705
 REV 1/00

| | | | | |
|---------------------|-------------------|--------------------|-------------------------------|---|
| I. LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER | DO NOT WRITE IN THIS SPACE Date _____ Processed by _____ |
|---------------------|-------------------|--------------------|-------------------------------|---|

| | | | |
|--------------------------------|------------------------|---------------|-------------------------------------|
| STUDENT'S WORK LOCATION | | | |
| COLLEGE | DEPARTMENT NAME | PO BOX | WORK PHONE (____) _____ |

| | | |
|--|-----------------|--|
| II. Effective Dates: From _____ to _____ ___ New Appointment ___ Previously Employed Last day worked _____ Previous title _____ ___ Reappointment ___ Change in Account ___ Change in FTE ___ Change in Rate ___ Change in Title ___ 260 Attached ___ Declination ___ Termination/Resignation ___ Other _____ | REMARKS: | IV. TITLE Graduate Assistant-R 71974 <input type="checkbox"/> Graduate Assistant-T 71976 <input type="checkbox"/> Graduate Assistant-G 71977 <input type="checkbox"/> Graduate Research Assistant 71965 <input type="checkbox"/> Graduate Teaching Assistant 71966 <input type="checkbox"/> Graduate Research Associate 71955 <input type="checkbox"/> Graduate Teaching Associate 71956 <input type="checkbox"/> Sr Graduate Teaching Associate 7S956 <input type="checkbox"/> Sr Graduate Research Associate 7S955 <input type="checkbox"/> |
|--|-----------------|--|

III.

| JOB CODE | ACCOUNT NUMBER | LP. NO. | FTE | BWK RATE | EARN CODE | TKL | CONTRACTUAL RATE OF PAY |
|----------|----------------|---------|-----|----------|-----------|-----|-------------------------|
| | 4910- | | | | | | |
| | 4910- | | | | | | |
| | 4910- | | | | | | |

DELETE:

| ACCOUNT NUMBER | LP. NO. | FTE | ASSIGN # |
|----------------|---------|-----|----------|
| 4910- | | | |
| 4910- | | | |
| 4910- | | | |

ROUTING
 Send completed form to:
 Academic Personnel Office
 PO Box 113005
 29 Tigert Hall

V

| | | | |
|-------------------------------|------|--------------------|------|
| Department Chair | Date | Dean | Date |
| Vice President, when required | Date | Academic Personnel | Date |