

Graduate Research Assistant (GRA) Payment Request Form

A GRA must be a full-time student, matriculated in a Masters or PhD program and must meet the following requirements. Please check all boxes that apply:

- ☐ conducts original, professional-level research which is primarily for the purpose of fulfilling the requirements for an advanced degree (i.e., the research is related to their student's field of study);
- ☐ the research is performed under the supervision of an RIT faculty member;
- ☐ the research environment is provided by RIT; **and**
- ☐ GRA is not directly responsible for deliverables to the research sponsor (i.e., the PI is responsible)

Student Name: _____

Student UID: _____

GRA Classification: Select one

Indicate Percent of Effort:

☐ 100% (20 Hr/Wk) ☐ 75% (15 Hr/Wk) ☐ 50% (10 Hr/Wk)

Oracle General Ledger Account(s):	ENT	DEPT	Object	FEC	PROJECT	
Percentage(s):	01				00000	Assistantship cannot be charged to restricted gift scholarship projects 20000 - 24999 OR endowed scholarship projects 60000 - 69999
	01				00000	
	01				00000	
	01				00000	
Total Allocation (must total 100%)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>					

Applicable Semester(s)
 Academic Year = 17 payments
 Summer = 6 payments

 Spring = 8 payments
 Fall = 8 payments

 Is there tuition remission funds in conjunction with this GRA appointment? ☐ Yes ☐ No

Total Amount

\$

Certification and Authorization

I have signature authority over the above general ledger account(s) and certify that this proposed payment meets the conditions above. I understand that payments made to this student will be paid and reported to the IRS as follows:

Non-Resident Alien Student: May be subject to 14% withholding based upon tax treaty and reported on Form 1042-S

All Other Students: No withholding, reported on Form 1099 (if payments exceed \$600 in a calendar year)

Form submitted by: _____ Ext. _____

Faculty Supervisor _____

Dept. Approver _____

Department Approver's Signature

Date

Phone Extension _____

Send completed form to :

a) Accounts Payable, Eastman Bldg, Room 1160
 or

b) Sponsored Programs Accounting, University Services Center, Room 2240 if the assistantship is charged to a sponsored project (30000-39999, A0000-X9999)

For AP use only:

W/H: _____ New W/H & Date: _____ / ____ / ____

Do not write in this space - for AP use only

Pay Per Period :