

**CSM GRADUATE RESEARCH AND TEACHING ASSISTANT CONTRACT
2006-2007**

Student's Name (as it appears on Social Security Card):

First	Middle	Last	CWID
Student's email address	Appointing Department	Initial Appointment: _____	
		Reappointment: _____	
		Amending Prior Contract: _____	
Student's Primary Assignment:	Teaching Assistant ____	Research Assistant ____	
Appointment Period:	Fall 2006: ____	Spring 2007: ____	

This agreement is entered into by and between the Colorado School of Mines ("CSM") and the above-named student ("Student") on the date set forth beside the student's signature below. Student has been appointed to the position indicated above. This agreement reflects the terms of that appointment.

By their signatures below, the parties acknowledge that the **stipend** payable hereunder is offered in return for the services described herein and shall, therefore, be deemed taxable compensation. However, any **tuition subsidy or credit** noted herein shall be deemed an irrevocable, financial assistance award that is provided only for the purpose of aiding the Student in the pursuit of his or her studies, and is paid independent of the stipend. The tuition subsidy or credit is not conditioned upon the Student's provision of any services to CSM and will not, therefore, be deemed taxable compensation. The tuition subsidy or credit may be eligible for exclusion under Section 117 of the Internal Revenue Code of 1986.

Unless the funding source for payments made hereunder is a 4-4xxxx account, the completed contract must be submitted to the Human Resources Office no later than the 1st or 16th of the month in which the Student is to begin his or her appointment. If the funding source for payments hereunder is a 4-4xxxx account, the completed contract must first be submitted to the Office of Research Services ("ORS") for funding approval no later than the 15th or last day of the month in which the Student is to begin his or her appointment. ORS will forward a copy of the approved contract to Human Resources.

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**The following checked categories constitute the irrevocable financial aid award to be provided to Student:**

**Tuition:** Funded by FOAP(s): \_\_\_\_\_

|        |                                        |                                             |
|--------|----------------------------------------|---------------------------------------------|
| Fall   | _____ Resident Full = \$4,032/semester | _____ Non-Resident Full = \$10,170/semester |
| Spring | _____ Resident Full = \$4,032/semester | _____ Non-Resident Full = \$10,170/semester |

Other \_\_\_\_\_

**Is this student eligible for Reduced Registration?** YES \_\_\_\_ NO \_\_\_\_ If yes, student must register for 3.5 credits of research

**Fees:** Funded by FOAP(s): \_\_\_\_\_

|        |                                                                       |
|--------|-----------------------------------------------------------------------|
| Fall   | _____ \$491.70/semester                                               |
| Spring | _____ \$521.70/semester (includes \$30.00 Recreation Center increase) |

Other \_\_\_\_\_

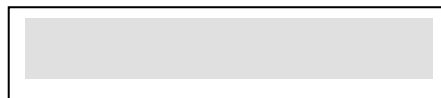
**Health Insurance:** Funded by FOAP(s): \_\_\_\_\_

|        |                                                                       |
|--------|-----------------------------------------------------------------------|
| Fall   | _____ \$660/semester                                                  |
| Spring | _____ \$660/semester (\$876 for Spring if not covered by CSM in Fall) |

**In addition to any financial aid award specified above, the following payment will be made to Student for research or teaching assignments described herein:**

**Stipend:** Total Amount of Stipend: \$ \_\_\_\_\_ Total Work-Hours Expected: \_\_\_\_\_ (per week)  
Human Resources Office Use Only

|                  |              |
|------------------|--------------|
| FOAP No. 1 _____ | Amount _____ |
| FOAP No. 2 _____ | Amount _____ |
| FOAP No. 3 _____ | Amount _____ |



In accordance with Colorado State Fiscal Rule (9-2), all CSM payroll payments will be made by direct deposit, unless specifically exempted from this requirement by the Controller.

# CSM GRADUATE RESEARCH AND TEACHING ASSISTANT CONTRACT

## **General Description of Duties and Level of Effort Expected of Students Who Receive Stipends:**

**Graduate Research and Teaching Assistants** are registered Students who are awarded part-time appointments in accordance with relevant CSM policies and the terms and conditions stated herein. Students may be appointed to one of the following positions:

- **Graduate Teaching Assistants** are supervised by faculty members and may teach, tutor, instruct or lecture students in laboratories or course recitation sessions.
- **Graduate Research Assistants** are supervised by faculty members and typically perform research within the Student's area of study or expertise that is supported or fully subsidized by grants or funds received under sponsored research contracts. The work is often technical in nature and may require significant education or experience.

**Specific work assignments** vary by department, but in no case will Students be permitted to exceed 20 hours of work per week during the fall and spring semesters. Expected work hours per week will be noted on the first page of this agreement. A general description of anticipated duties is provided in the space indicated below. Duties are contingent upon department or division needs and resources, and are subject to change. Accordingly, duties may vary from the written description herein.

**Compensation.** Compensation for Graduate Assistants will be based on the fair market value of the services provided, and on the number of hours worked. Although the amount of stipend may vary by department or division, all Graduate Assistants will receive at least the minimum stipend, which is currently \$15.00 per hour (\$1,200 per month during the contract period for students who work 20 hours per week). The stipend is paid in eight (8) semi-monthly payments during each semester of the contract period.

**Benefits.** The Student is not entitled to PERA membership, life insurance, health insurance, dental insurance, other insurance coverage, annual leave, medical leave, or other employment benefits as the result of his or her appointment pursuant to this agreement.

**Registration.** Registration at a full-time level is required of Graduate Assistants during the academic year. Full-time is 9 credit hours unless students qualify for reduced registration. Students qualifying for reduced registration must register for 3.5 credits of research.

**Intellectual Property Policy.** The Student shall be subject to the terms and conditions of the CSM Intellectual Property Policy (Section 10.1, CSM Faculty Handbook), which shall be incorporated into this Agreement by reference as if fully set forth herein.

**Non-Renewal.** The Student's appointment is effective only for the limited term set forth herein, subject to the termination provision herein below. CSM shall not be required to provide the Student with any notice of non-renewal at the end of said term.

**Termination.** This appointment may be terminated by either party at any time for any reason. In the event of such termination and effective on the termination date, CSM will cease all stipend payments for any services not yet rendered. Any payments made hereunder prior to termination that constitute irrevocable financial aid awards (e.g., tuition, fees, and health insurance subsidies) will not be revoked, nor will the Student be required to repay such awards.

**Federal Compliance.** The Student's appointment is conditioned upon his or her compliance with any pertinent Bureau of Citizenship and Immigration Services rules and regulations, and the Immigration Reform and Control Act of 1986, which requires the Student to complete and submit a Federal I-9 Form and provide evidence of citizenship or appropriate documentation of eligibility and permission to receive the stipend associated with graduate assistant appointments. Additionally, the Student is required to complete and provide to CSM's Payroll Office a Federal W-4 Form, indicating the number of tax withholding exemptions to which he or she is entitled, and provide all other forms and information required by CSM's Payroll Office prior to the commencement of his or her appointment. Failure to complete this step in a timely manner may result in a delay in the payment of the Student's stipend.

## **Summary of Student's Duties and Responsibilities:**

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## **APPROVED AND ACCEPTED ON THE DATE INDICATED:**

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|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| _____/_____<br>Department Representative/ P.I.                      Date                 | _____/_____<br>Student                                                              Date          |
| _____/_____<br>Funding Approval ( <i>ORS or Fund Manager</i> )                      Date | _____/_____<br>Department Contact ( <i>print</i> )                                      Extension |

|                                             |
|---------------------------------------------|
| <b>ORS/HR Comments:</b><br><br><br><br><br> |
|---------------------------------------------|