

TEXAS A&M ENGINEERING

GRADUATE ASSISTANTSHIP REQUEST FOR UNPAID TIME OFF

(form will be used for Unpaid Time Off - time off for less than 30 days and during Winter Break)

A graduate assistant placed on Unpaid Time Off will require appropriate approval. Unpaid Time Off is used during the period of time between the fall and spring semesters and when unpaid time off is less than 30 days. The department head/division head has been designated as the delegation of authority for Unpaid Time Off. The form to follow was designed as a means to obtain department head approval and is to be used instead of preparing a memorandum. **Unpaid Time Off means the graduate assistant is not working and will not be paid at a later time for any period in an unpaid time off status.**

INSTRUCTIONS

1. Complete the Graduate Assistantship Request for Unpaid Time Off form:
 - A. Enter Date
 - B. Approved by: Enter the name of the individual who will approve the form. This form will be approved by Department/Division Head or designee. The Associate and Assistant Department/Division Heads will be considered designees (no SBA/BA designee).
 - C. Enter Department/Division
 - D. Enter the Name, UIN, Period of Unpaid Time Off and Reason/Justification for the Unpaid Time Off for each student
 - E. Print and obtain approval (signature) for each page completed
 - F. Retain approval copy in the department
2. When processing in Workday:
 - A. The Absence Partner may input the Unpaid Time Off. When doing so, the request does not route for approvals. Please be aware that the graduate assistant has the ability to input Unpaid Time Off, which will route to the manager for approval.
 - B. The Absence Partner will need to run the All Worker Time Off report to monitor Unpaid Time Off actions.

INSTRUCTIONS -- CHANGES IN UNPAID TIME OFF

1. Change in start date of Unpaid Time Off --**Amend** the original Graduate Assistantship Request for Unpaid Time Off form indicating the change in "Period of Unpaid Time Off" column. The department head or designee (ABA designee allowable in this situation) will **initial and date** this change.
2. Extension of return date--**Amend** the original Graduate Assistantship Request for Unpaid Time Off form indicating the change in return date in the "Period of Unpaid Time Off" column. The department head or designee (SBA/BA designee allowable in this situation) will **initial and date** this change.
3. The amended approved Graduate Assistantship Request for Unpaid Time Off form should be retained in the department.

In Workday, the Absence Partner will need to **amend** the start/end date of the absence request and the HR Contact will need to ensure that the graduate assistant receives the correct pay.

INSTRUCTIONS--RETURNING/NOT RETURNING FROM UNPAID TIME OFF

1. Remember after the Unpaid Time Off dates are met, the graduate assistant will begin being paid. The department will need to ensure this is correct.
2. In the event that the department is notified a graduate assistant will not be returning from Unpaid Time Off a termination must be submitted. The termination date will be the last day the student worked. However, the termination date may be impacted if he/she is in a secondary position.

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(form will be used for Unpaid Time Off - time off for less than 30 days and during Winter Break)

Date:

Print Form

Approved by:

(Department/Division Head or
designee--Associate or Assistant
Department/Division Head)

Reset Form

Signature: _____

The _____ requests to place the following individuals in an Unpaid Time Off status:

Department/Division

	NAME	UIN	Period of Unpaid Time Off	Reason/Justification for the Unpaid Time Off
1				
2				
3				
4				
5				
6				
7				
8				
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11				
12				
13				
14				
15				
16				

As a reminder, per Office of Graduate Studies, a student must be registered full-time for any period of time he/she will hold an assistantship. For any semester, if the expected date of departure is after a semester has begun or the expected date of return is during a semester, the department must ensure that the individual has maintained the full-time registration requirement--no exceptions.

Approved by (signature) _____

	NAME	UIN	Period of Unpaid Time Off	Reason/Justification for the Unpaid Time Off
17				
18				
19				
20				
21				
22				
23				
24				
25				
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