

**Instructions for Use:**

This form is to be completed in a meeting between the Research Supervisor and the Research Assistant prior to the beginning of the Research Assistant assignment. This form is part of the employment contract of the Research Assistant. In the event that the Research Assistant duties or hours change during the term to which this Form applies, a new copy of the Form must be completed to document the change.

Academic Term(s):  Faculty of Employment:

Start Date (yyyy/mm/dd):

Summary of Research Topic:

Employee Name:  Email address:

Work Supervisor:  Email address:

**Status:** ☐ Full-time graduate student ☐ Part-time graduate student ☐ Undergraduate student ☐ Non-student

Duties	Approx. Hours	Details – Include nature of tasks and any expectations for this work.
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
Training Required (if applicable):	<input type="text"/>	<input type="text"/>
Total Hours/Term	<input type="text"/>	<input type="checkbox"/> Additional comments have been added on back of page or attached

I acknowledge that my Research Supervisor has discussed my duties and my anticipated weekly hours of work with me.

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Employee's Name

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Signature

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Date (yyyy/mm/dd)

I have discussed these duties and anticipated weekly hours of work with my Research Assistant.

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Work Supervisor Name

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Signature

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Date (yyyy/mm/dd)

Additional Comments:

Please print and send original with signatures to Human Resources.

cc:     Work Supervisor  
         Employee  
         Research Supervisor (if applicable)  
         Faculty Budget and Planning Officer