

Instructions for Use:

Research Assistant assignment. This form	n is part of the em	earch Supervisor and the Research Assistant prior to the beginning of the nployment contract of the Research Assistant. In the event that the to which this Form applies, a new copy of the Form must be completed to
Academic Term(s):	Facult	ty 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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Training Required (if applicable):		
Total Hours/Term		Additional comments have been added on back of page or attached

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. Questions regarding the collection of your personal information may be directed to the School of Graduate and Postdoctoral Studies, Ontario Tech University, 2000 Simcoe Street North, Oshawa, ON L1G 0C5, 905.721.8668 ext. 6209 or by email at gradstudies@uoit.ca. For an alternative format of this form, contact gradstudies@uoit.ca. This form last updated July 2019.

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

Employee's Name

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

Work Supervisor Name

Signature

Signature

Date (yyyy/mm/dd)

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

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