

Instructions for Use:

This form is to be completed in a meeting between the Course Instructor and the Teaching Assistant prior to the end of the first week of the Teaching Assistant assignment. This form is part of the employment contract of the Teaching Assistant. In the event that the Teaching Assistant duties or hours change during the academic term to which this Form applies, a new copy of the Form must be completed to document the change.

Banner ID: Pool Status: Start Date (yyyy/mm/dd):

Term(s): Faculty of Employment:

Course Name/Number: Lecture CRN: CRN (Lab/Tut)

Employee Name: Email:

Work Supervisor: Email:

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

Duties	Hours	Details Include nature of tasks and any expectations for this work.
1. Preparation and Reading	<input type="text"/>	<input type="text"/>
2. Demonstrating/Lab Supervision	<input type="text"/>	<input type="text"/>
3. Leading Tutorial	<input type="text"/>	<input type="text"/>
4. Attending Lectures	<input type="text"/>	<input type="text"/>
5. Marking and Entering Marks List each assignment, including timing, the estimated number of tests/papers, etc. per assignment and the estimated time to mark each assignment.	<input type="text"/>	<input type="text"/>
6. Invigilation	<input type="text"/>	<input type="text"/>
7. Student Consultation (including email)	<input type="text"/>	<input type="text"/>
8. Supervision and Field Trips	<input type="text"/>	<input type="text"/>
9. Meeting with Instructor Regularly	<input type="text"/>	<input type="text"/>
10. Orientation and Required Training	<input type="text"/>	<input type="text"/>
11. Other (as discussed on this date)	<input type="text"/>	<input type="checkbox"/> Additional comments have been added on back of page or attached

Do you require the TA/Marker to have: WebCT Access: ☐ Yes ☐ No Blackboard Access: ☐ Yes ☐ No

ACKNOWLEDGEMENT

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

Employee's name

Signature

Date (yyyy/mm/dd)

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

Work Supervisor Name

Signature

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