

Teaching Assistant Work Form

School of Graduate and Postdoctoral Studies (SGPS) Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradfinance@uoit.ca

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 S	tatus:		Start	Date (yyyy/mm/dd):	
Геrm(s):	1 001 0		of Employ		,	
			or Employ	ment.	2711 (1 1 7 1)	
Course Name/Number:	Lecture	e CRN:			CRN (Lab/Tut)	
Employee Name:			Ema	l:		
Work Supervisor:			Ema	il:		
Status: Full-time graduate student	Part-time	graduate	e student		Undergraduate student	Non-student
Duties		Ноц	a. 0	etails iclude na	ature of tasks and any expectations for	r this work.
Preparation and Reading						_
2. Demonstrating/Lab Supervision						
3. Leading Tutorial						
4. Attending Lectures						
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.						
6. Invigilation						
7. Student Consultation (including email)						
Supervision and Field Trips						
Meeting with Instructor Regularly						
10. Orientation and Required Training						
11. Other (as discussed on this date)				Addition	nal comments have been added on ba	ck of page or attached
Do you require the TA/Marker to have:	WebCT Ac	cess:	Yes	No	Blackboard Access:	Yes No

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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

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