

**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 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. Refer to page 2 for instructions on where to submit the completed form.

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.

I understand that courses may be offered online or in-class as determined by the university. Regardless of the mode of delivery, I acknowledge that I am responsible for continuing with the duties as set out within the parameters of Article 17, Hours of Work, and maintaining regular contact with my employment supervisor. As needed I will liaise with my supervisor to ensure that I have the appropriate tools/access to carry out the duties of my TA/RAship. If a change in workload occurs where hours of work are increased, Article 17.05 of the collective agreement will be followed.

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Employee's Name	Signature	Date (yyyy/mm/dd)
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I have discussed these duties and anticipated weekly hours of work with my Research Assistant.

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Work Supervisor Name	Signature	Date (yyyy/mm/dd)
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Additional Comments:

Please send this form with signatures to the parties listed below.

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