

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: _____ Lab/Tut CRN: _____
 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. Indicate any weeks where the projected workload is likely to vary from an average of 10 hours).
1. Preparation and Reading		
2. Demonstrating/Lab Supervision		
3. Leading Tutorials		
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)		
8. Supervision and Field Trips		
9. Meeting with Instructor Regularly		
10. Orientation and Required Training		
11. Other (as discussed on this date)		<input type="checkbox"/> Additional comments have been added on back of page or attached

Total: _____

Course access to Canvas is required.

ACKNOWLEDGEMENT

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.

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

The Course Instructor and Employee certify that they have no conflicts of interest related to this position to disclose. Should any such conflict arise, the Employee will notify the Course Instructor immediately.

All employees of the University are required to complete mandatory training within the first four weeks of employment. Please refer to the HR website "What training is required?" tab on the [Mandatory Employee Training page](#).

I confirm that the employee has completed or is currently completing the required mandatory training.

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

Employee's name Signature Date (yyyy/mm/dd)

Work Supervisor Name Signature Date (yyyy/mm/dd)

Additional Comments:

Please email the completed form to your Faculty Graduate Office and cc your work supervisor.