

SUPERVISOR AND TEACHING ASSISTANT HOURS OF WORK FORM

The parties agree that this Appendix sets out the fields of information to be included in the "Supervisor and Teaching Assistant Hours of Work Form".

The course instructor and the employee are to fill out this form in accordance with 12.03. If changes are required to this form or additional hours are required they are to follow the process in Article 12.04

Academic Term(s): _____ Start Date: _____ (if not beginning of term)

Department/School/Unit of Employment: _____ Course Name & Number: _____

Employee name: _____ E-Mail Address: _____

Employment Supervisor: _____ E-Mail Address: _____

<u>Check Classification:</u> (See Schedule 'A')	<input type="checkbox"/> A. Employees holding a four (4) year Undergraduate Degree	<input type="checkbox"/> B. Employees not holding a four (4) year Undergraduate Degree
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Hours of Work (check one)

- 32 - 130 specify number _____ +3 (Health and Safety Training and Orientation as per Letter of Understanding)
- 131- 260 specify number _____ +6 (Health and Safety Training and Orientation as per Letter of Understanding)

Duties	Approx. Hours	Details - Include nature of tasks and expectations of grading. Indicate any weeks where the projected workload is likely to vary from an average of 10 hours.
1. Leading Tutorials/Overseeing Laboratories/Field Trip Supervision		
2. Student Consultation (Emails, Office Hours)		
3. Grading (Marking, Entering Marks)		
4. Preparation (Reading, Attending, Lectures, Meeting with Instructors)		
5. Invigilating		
6. Other		
Required Health and Safety Training Courses		Completed? Y/N
Asbestos		
Ergonomics		
Fire Safety		
WHIMIS		
Slips, Trips and Falls		

We acknowledge that we have discussed duties and anticipated hours of work as above/

Employee's Signature

Date

Employment Supervisor's Signature

Date

In the event of a conflict between the contents of this form and the Collective Agreement, the Collective Agreement shall prevail.

Distribution: Original form for employee, copied to Department (In Health Sciences, 'Department' is the Health Sciences Graduate Studies Office, CUPE, and Supervisor.

A copy will be sent to the Union office, normally on or before: October 15th for assignments in fall term; February 15th for assignments in winter term; May 15th for assignments in the spring/summer term. If the commencement of duties is later than the above, the HOW form will be sent to the Union office within 5 business days after completion by the supervisor and employee.