**FORM 1**

**Description of Duties and Allocation of Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | | | |
| **Student number:** | | | | | |
| Department: | | | | | |
| Course Number & Title: | | | | | |
| Supervising Professor: | | | | | |
| Duties | | | | *Hours per task* | |
|  | | | | *Initial* | *Revised* |
| Training: | | | |  |  |
| Preparation: | | | |  |  |
| Contact: | | | |  |  |
| Marking/Grading Estimated Enrolment per GA/TA: | | | |  |  |
| Other Duties: | | | |  |  |
| **TOTAL HOURS**  (*NOTE: Where an assistant believes that they are likely going to exceed their contracted hours in a particular semester, the assistant must inform their supervisor, in writing* ***or via e-mail****, at least 20 hours prior to completion of the hours allotted in their contract.)* | | | | | |
| *Prepared by (Supervisor):* | *Signature:* | | *Date:* | | |
| *Approved by (Chair/Designated Authority):* | *Signature:* | | *Date:* | | |
| *Accepted by (Graduate/Teaching Assistant):* | *Signature:* | | *Date:* | | |
| **MID COURSE REVIEW CHANGES** *(if no changes, record date of meeting and note no changes)* | | | | | |
| *Date of Meeting:* | | *Prepared by (Supervisor signature):* | | | |
| *Approved by (Chair/Designated Authority Signature):* | | *Graduate/Teaching Assistant Signature:* | | | |