

FORM 1 - DESCRIPTION OF DUTIES AND ALLOCATION FORM

(Description of Duties and Allocation of Hours)

The student will not commence work until they have received an email with the RE: line of "Authorization to commence GA/TA duties".

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:	