



NOTICE OF APPOINTMENT TO ASSISTANTSHIP

Departmental account number (must be 30 digits): _____

Last Name: _____ First Name: _____

Student I.D. Number: _____

Employee Number: _____
(new employees: contact Human Resources)

Department: _____ Course Number(s): _____

Graduate Assistant

PhD student
(limit 140 hours per term)

Master II student
(limit: 140 hours per term)

Check off if grace term:
(Faculty Dean approval required, attach approval form)

Teaching Assistant

TA I (Years 1 and 2)
(limit: 100 hours per term)

TA II (Year 3 and 4)
(limit: 100 hours per term)

Attach the TA III Memo for any TA III appointments:

TA III Master's
(limit: 100 hours per term)

TA III PhD
(limit: 100 hours per term)

TA III Undergraduate
(limit: 100 hours per term)

TA III Non-student
(limit: 100 hours per term)

Master's Qualifying (MI)
(limit: 110 hours per term)

****REQUIRED**** Check to confirm that student is registered for the term hired:

PERIOD: from _____ to _____

HOURLY RATE: _____ NUMBER OF HOURS: _____ TOTAL AMOUNT: \$ _____
(inclusive of 4% vacation pay)

Note the following:

- Form 1 – Description of Duties and Allocation of Hours must be completed prior to commencement of duties
- The total combined hours per term for all GA/TA appointments held in all departments must not exceed: 100 hours (TA I, II, III); 110 hours (MI); 140 hours (GA)
- A full-time graduate student may not be employed for more than 240 hours total for all University-related employment during the term, including a GA appointment
- Graduate students may not be employed as a Sessional Instructor and a GA in the same term
- All GAs must remain enrolled full-time for the duration of the appointment
- All international TAs must be registered full-time for the duration of the appointment
- This appointment is governed by the CUPE 4580 GA/TA Collective Agreement and may be subject to change

STUDENTS MUST NOT BEGIN WORK UNTIL THIS APPOINTMENT IS APPROVED BY THE DEAN OF GRADUATE STUDIES

I acknowledge that I have read and understood the information on this form:

Signature of Appointee

Date

Signature of Head/Director/Dean

Date

Approved by:

Dean of Graduate Studies

Date

FORWARD THIS COMPLETED FORM TO THE OFFICE OF GRADUATE STUDIES FOR APPROVAL AND DISTRIBUTION