

### INSTRUCTIONS FOR COMPLETION

1. Section A – General Employee Information:
  - Complete all items in this section
2. Section B – Course Information
  - Complete all items in this section; Most of these items are self-explanatory but please note the following:
    - (a) Course # and Other Assigned Courses: For TA's only; others should put N/A and proceed to # of weeks.
    - (b) Fill out a separate form for each assigned course
    - (c) Term: F – Fall Term Only; W – Winter Term Only; F/W – if assignment is continuous through both terms; S – for summer term
    - (d) # of Weeks: Circle 13 for one term or 26 for a full academic year; If neither, circle Other and specify how many weeks
    - (e) Nominal Hours/Week: Circle 5 or 10 if appropriate; otherwise insert number of hours per week besides 'Other'. This represents the number of hours per week for which the employee will be paid
3. Section C – Weekly Duties
  - List duties to be performed on a regular weekly basis. Insert number of hours scheduled each week on the right and complete the estimated Total Hours/ Week and Total Hours
4. Section D – Other Duties
  - List duties to be performed that are other than on a scheduled weekly basis. In the Frequency column enter, for example, "twice/term" or "once/3 weeks" then complete the last two columns using the most accurate possible estimate of the time required. Complete the Total Hours
5. Section E – Total Hours
  - Insert the total number of hours that work is expected. This is calculated by adding the two Total Hours figures from Sections D and E. This sum must not exceed the # of weeks multiplied by the Nominal hours/week from Section B (although it may be less). The Supervisor signs and dates this part. If additional comments or instructions are considered necessary by the supervisor, tick the 'Yes' checkbox and attach a signed copy; otherwise check 'No'
6. Section F – Statement by Employee
  - To be dated and signed by the employee indicating that the assignment has been discussed with him/her and that s/he has received a copy. It does not necessarily indicate agreement with the assignment of duties. If the employee has concerns about the allocation of time for any of the duties assigned, s/he should tick the 'Yes' checkbox and attach a signed copy of comments; otherwise 'No' should be ticked and initialled by the employee
7. Once completed, the copies of the form are to be distributed as follows:
  - the department chair,
  - the employee
  - the supervisor
  - CUPE 4600 – Unit 1
8. If in doubt about how to complete any part of the form, contact your department administrator or chair
9. Please note that if the employee has concerns, action as indicated in Article 14.03 must be taken. This article includes a time limit so prompt action, to avoid violation of the contract is essential. Every effort should be made to resolve any concerns during the discussion stage