

Teaching Assistant Form



SECTION A (For Departmental Use Only)	
Name of Teaching Assistant:	_____
Preference Group:	_____
Department:	_____
Number and Title of Course:	_____
Employment Supervisor:	_____
Number of Allotted TA Hours and Remuneration:	_____
Approved by (Head or Delegate):	_____
Date Approved:	_____

SECTION B

Teaching Assistant Activities	Checklist	Hours	Notes
Contact with Employment Supervisor			
Meetings	<input type="checkbox"/>		
Email	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Approximate Hours		_____	
Contact with Students			
Supervising labs & field trips	<input type="checkbox"/>		
Leading tutorials & seminars	<input type="checkbox"/>		
Lecturing	<input type="checkbox"/>		
Classroom preparation, set-up	<input type="checkbox"/>		
Office hours	<input type="checkbox"/>		
Answering email/telephone inquiries	<input type="checkbox"/>		
Monitoring class websites or listserves	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Approximate Hours		_____	
Total number of approximate TA hours (page 1)		_____	

Teaching Assistant Form (Page 2)

Teaching Assistant Activities	Checklist	Hours	Notes
Marking and Grading			
Term tests & quizzes	<input type="checkbox"/>		
Mid-term exams	<input type="checkbox"/>		
Written assignments	<input type="checkbox"/>		
Lab assignments	<input type="checkbox"/>		
Final exams	<input type="checkbox"/>		
Administrative functions (e.g., grade entry & proctoring)	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Approximate Hours		_____	
Other Duties			
Attending lectures	<input type="checkbox"/>		
Preparation time	<input type="checkbox"/>		
Employer required training	<input type="checkbox"/>		
Assisting with audio-visual equipment	<input type="checkbox"/>		
Practicing lab techniques	<input type="checkbox"/>		
Maintaining laboratory safety	<input type="checkbox"/>		
Post-lab clean up	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Approximate Hours		_____	
Total number of approximate TA hours (page 2)		_____	
Total number of approximate TA hours (page 1)		_____	
Total number of TA hours		_____	
(must equal total allotted for the course)			

The TA agrees that the TA activities and approximate hours indicated on this form are subject to change by the Employment Supervisor. The TA and Employment Supervisor agree that any change to the total number of TA hours should be made in accordance with Article 16.07 (g) "Hours of Work" of the Collective Agreement. The TA and Employment Supervisor acknowledge that any potential conflicts (as defined at Article 12.03 "Appointments" of the Collective Agreement) regarding the TA and this appointment have been discussed.

Employment Supervisor (Signature)

TA (Signature)

Date

Date

Note to TA: As a Teaching Assistant you are represented by the Public Service Alliance of Canada, Local 901. Your terms and conditions of employment and bargaining rights are set out in the Collective Agreement which can be found at: www.hr.queensu.ca/agreements/agreements.php and www.psac901.org.

A TA may exercise reasonable intellectual discretion in relation to the course objectives and content, and in accordance with guidelines set out by the Employment Supervisor, without reprisal or discipline.

Copy: TA, Employment Supervisor, Personnel File, PSAC Local 901