

To Be Filled Out by the Department Chair:

Employee Name		Employee ID	
Supervisor Name		Department	
Course Title		Term/Year	
Course #	Section #	Course Type (Lec/Lab/Sem/Act)	
WTU's Assigned	FTE (WTU/15)	HOURS PER WEEK (FTE * 40)	

Job Duties:	Number of Hours per Day:					Scheduled for Day and Time of TA's Choice	TOTAL HRS PER WEEK
	M	T	W	R	F		
<input type="checkbox"/> Instruction of Sections/Courses/Labs							
<input type="checkbox"/> Office Hours							
<input type="checkbox"/> Other Duties (please check below all that apply)							
<small>*Total Weekly Hours are the average hours worked per week over the course of the Semester/Term; Example: Instruction, Office Hours and certain "Other Duties" may not occur each week The job duties and number of average weekly hours listed below are required of the Teaching Associate.</small>						TOTAL:*	

<input type="checkbox"/> Preparation	<input type="checkbox"/> Proctor Examinations
<input type="checkbox"/> Meet with Supervisor	<input type="checkbox"/> Perform Individual and/or Group Tutoring
<input type="checkbox"/> Grading	<input type="checkbox"/> Attend Training
<input type="checkbox"/> Evaluate Student Assignments	
<input type="checkbox"/> Other Task Assigned (Describe):	

My weekly hours, as averaged over the semester/term, are as assigned above. I understand that I may not work additional hours without written authorization from my designated Supervisor/Chair. Failure to obtain written authorization to work additional hours may result in discipline up to and including termination.

Employee Signature	Date
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Supervisor Signature <i>(if different from Chair)</i>	Date
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Chair Signature	Date
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