UNIVERSITY PERSONNEL

## To Be Filled Out by the Department (One per supervisor)

| Employee Name |  | Employee ID |  |
| :--- | :--- | :--- | :--- | :--- |
| Supervisor Name |  | Department |  |
| Term/Year |  | Work Hours Per Week |  |
| Course(s) Information if Applicable:     <br> Title Section \#  Prefix  <br> Course \#  Course Type <br> (Lec/Lab/Sem/Act)   |  |  |  |

The job duties designated below are required of the employee. The appointment terms should reflect the time required to complete these duties. CSU policy limits ISA work assignments to no more than 20 hours in a week during periods of instruction.

| Job Duties: Please check all that apply and describe as applicable |  |  |  |
| :---: | :--- | :---: | :--- |
| $\square$ | Attend course lecturers | $\square$ | Assist with instruction/teaching |
| $\square$ | Grading | $\square$ | Preparation for lectures/activities/labs |
| $\square$ | Individual/Group tutoring | $\square$ | Hold office hours. Number of hours per week:__ |
| $\square$ | Proctor examinations | $\square$ | Supervisor/team meetings. Number of hours per week: |
| $\square$ | Provide research assistance | $\square$ | Evaluate student assignments/papers |
| $\square$ | Maintain records | $\square$ | Attend ISA training |
| $\square$ | Other tasks as assigned. Please list: |  |  |

## Comments:

- The supervisor will evaluate job performance: Yes $\square$ No $\qquad$
- If a written evaluation is to take place, the employing department or hiring unit shall communicate, in writing, evaluation criteria, schedule and procedures within the first fourteen (14) days of the appointment period.
- My weekly hours, as averaged over the semestertterm, 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 |  |
| :--- | :--- | :--- | :--- |
| Supervisor or Chair Signature  Date  |  |  |

