

## **EMPLOYMENT CONTRACT AMENDMENT REQUEST**

### **PART 1- TO BE COMPLETED BY THE GRADUATE ASSISTANT**

Name: _____	Employee Number: _____
Telephone: _____	E-mail: _____

Select role to which this request applies:

- Teaching Assistant - Course # and Name: \_\_\_\_\_
- Research Assistant

Number of hours in the employment contract: \_\_\_\_\_

Number of estimated additional hours to perform the work described in the employment contract: \_\_\_\_\_

Grounds for submitting the employment contract amendment request:

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Supervisor's Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Graduate Assistant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART 2 - TO BE COMPLETED BY THE SUPERVISOR**

- Recommend the employment contract be amended to add (\_\_\_\_\_) hours of work.
- The workload will be adjusted to correspond to the number of hours of work indicated in the employment contract.
- The number of hours of work indicated in the employment contract corresponds to the workload requested.

Comments:

### **PART 3 - TO BE COMPLETED BY HEAD OF UNIT (if additional hours recommended)**

Approved Yes  No

Head's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Human Resources (may be sent with payroll form if approved for payment) Copies:  
Graduate Assistant, Supervisor, TAUMUN and Unit*