

APPENDIX B - 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:

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