

APPENDIX "B": HOURS OF WORK FORM

**The parties agree that this Appendix sets out the fields of information to be included in the "Hours of Work" Form.**

The course instructor and the employee are to fill out this form in accordance with Article 12.03. If changes are required to this form or additional hours are required they are to follow the process in Article 12.04.

Academic Term(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ (if not beginning of term)

Department/School/Unit of Employment: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employment Supervisor: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

<u>Check Classification:</u> (See Schedule "A")	<input type="checkbox"/> "A" Employees holding an Undergraduate Degree	<input type="checkbox"/> "B" Employees <b>not</b> holding an Undergraduate Degree
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Duties	Approx. Hours	Details - Include nature of tasks and expectations of grading. Indicate any weeks where the projected workload is likely to vary from an average of 10 hours.
1. Leading Tutorials/Overseeing Laboratories/Field Trip Supervision		
2. Student Consultation (Emails, Office Hours)		
3. Grading (Marking, Entering Marks)		
4. Preparation (Reading, Attending, Lectures, Meeting with Instructors)		
5. Invigilating		
6. Other		

Hours of Work (fill in the blanks):

Specify total number of hours of work (between 32 and 260):

add 3 hours if work is for 1 term, add 6 hours if work is for 2 terms (i.e. 6 unit appointment) + \_\_\_\_\_  
= \_\_\_\_\_

<b>Required Health and Safety Training Courses</b>	<p><b>I acknowledge that the mandatory health and safety training required for my Teaching Assistantship position, as outlined at:</b></p> <p><a href="http://www.workingatmcmaster.ca/med/document/Training-Matrix-Teaching-and-Research-Assistants-1-36.pdf">http://www.workingatmcmaster.ca/med/document/Training-Matrix-Teaching-and-Research-Assistants-1-36.pdf</a></p> <p><b>has been completed, or will be completed by the time my position commences. Y/N</b></p>
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**We acknowledge that we have discussed duties and anticipated hours of work as above.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employment Supervisor's Signature**

\_\_\_\_\_  
**Date**

In the event of a conflict between the contents of this form and the Collective Agreement, the Collective Agreement shall prevail.

Distribution: Original form for employee, copied to Department (in Health Sciences, 'Department' is the Health Sciences Graduate Studies Office), CUPE, and Supervisor(s).

A **hard copy** must be sent to the Union office, normally on or before: October 15<sup>th</sup> for assignments in fall term; February 15<sup>th</sup> for assignments in winter term; May 15<sup>th</sup> for assignments in the spring/summer term. If the commencement of duties is later than the above, the HOW form will be sent to the Union office within 5 business days after completion by the employment supervisor and employee. If you require this information in an alternate/accessible format, please contact Nina Bovair, Employee/Labour Relations Administrator at extension 23850.