

# APPENDIX C1 –EMPLOYMENT CONTRACT AMENDMENT REQUEST – Teaching Assistant

## PART 1 – TO BE COMPLETED BY THE MEMBER

Name: _____	Number: _____
Address: _____	
City: _____	Postal Code: _____
Telephone: (    ) _____	E-mail: _____

Course code and number: \_\_\_\_\_

Contract number: \_\_\_\_\_

Number of hours called for 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: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2 – TO BE COMPLETED BY THE SUPERVISOR

### Decision

- (    ) The employment contract will be amended to add \_\_\_\_\_ hours of work.  
(    ) The workload shall be reduced 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

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: School of Graduate Studies