

APPENDIX C2 – EMPLOYMENT CONTRACT AMENDMENT REQUEST – Research Assistant

PART 1 – TO BE COMPLETED BY THE MEMBER

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

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: _____

Grant Holder Signature: _____ Date: _____

Dean/Chair Signature: _____ Date: _____

Cc: School of Graduate Studies