

To Be Filled Out by the Department (One per supervisor)

Employee Name		Employee ID	
Supervisor Name		Department	
Term/Year	FTE (WTU/15)	HOURS PER WEEK (FTE * 40)	

Course(s) Information if Applicable:

Title	Prefix
Course #	Section #
Course Type (Lec/Lab/Sem/Act)	

The job duties designated below are required of the employee. The appointment terms should reflect the time required to complete these duties. CSU policy limits GA work assignments to no more than 20 hours in a week during periods of instruction.

Job Duties: Please check all that apply and describe as applicable	
<input type="checkbox"/> Attend course lectures	<input type="checkbox"/> Assist with instruction/teaching
<input type="checkbox"/> Grading	<input type="checkbox"/> Preparation for lectures/activities/labs
<input type="checkbox"/> Individual/Group tutoring	<input type="checkbox"/> Hold office hours. Number of hours per week: _____
<input type="checkbox"/> Proctor examinations	<input type="checkbox"/> Supervisor/team meetings. Number of hours per week: _____
<input type="checkbox"/> Provide research assistance	<input type="checkbox"/> Evaluate student assignments/papers
<input type="checkbox"/> Maintain records	<input type="checkbox"/> Conduct small discussion groups
<input type="checkbox"/> Supervise labs or activities	<input type="checkbox"/> Maintain, handle, or demonstrate use of equipment
<input type="checkbox"/> Prepare slides, posters, talks	<input type="checkbox"/> Laboratory preparation, conduct experiments
<input type="checkbox"/> Library/Literature searches	<input type="checkbox"/> Prepare and care for research materials and/or animals
<input type="checkbox"/> Data collection and/or analysis	<input type="checkbox"/> Attend GA training
<input type="checkbox"/> Other tasks as assigned. Please list:	

Comments:

- The supervisor will evaluate job performance: Yes _____ No _____
- If a written evaluation is to take place, the employing department or hiring unit shall communicate, in writing, evaluation criteria, schedule and procedures within the first fourteen (14) days of the appointment period.
- My weekly hours, as averaged over the semester/term, are as assigned above. I understand that I may not work additional hours without written authorization from my designated Supervisor/Chair. Failure to obtain written authorization to work additional hours may result in discipline up to and including termination.

Employee Signature	Date
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Supervisor or Chair Signature	Date
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