



Agreement of Duties Form
For Graduate and Teaching Assistant(GA/TA)

Name of Graduate Assistant: _____ Date: _____

Job Title: _____

Class: _____ (write N/A for GAs not associated with a class)

Name(s) of Faculty Supervising the GA/TA: _____

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per

week must be equal to the hours allotted in the TA position.

Duty (e.g. grading, office hours, prep, etc.)	Estimated Hours Per Week	Comments
TOTAL HOURS PER WEEK		

Enforcement: If the total hours per week or the hours associated with any one duty to be significantly different than what was originally estimated and unforeseen circumstances arise during the semester then either the faculty member or GA/TA can require the other to do this form and reassign GA/TA duties at any point in the semester. If the associate chair for graduate programs reviews this form and deems the estimated hours per week unrealistic or duties inappropriate, may require that this form to be redone and GA/TA duties reassigned at any point in the semester.

Faculty:
Signature & Date

Graduate/Teaching Assistant:
Signature & Date