DESCRIPTION OF DUTIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Term:** |  |  | **Supervisor:** |  |
|  |  |  |  |  |
| **Name:** |  |  | **Email:** |  |
|  |  |  |  |  |
| **Course #:** |  |  | **Course Title:** |  |
|  |  |  |  |  |
| **Location:** |  |  | **Day/Time:** |  |

The job duties designated below are required of the Academic Student Employee. Please check the appropriate items and describe, as applicable:

|  |  |
| --- | --- |
|  | Attend lectures |
|  | Present       lectures |
|  | Instruction       of sections/labs per week |
|  | Preparation |
|  | Hold       office hours per week |
|  | Supervisor/ASE(s) meeting       hours per week |
|  | Read and evaluate       papers per student |
|  | Proctor       examinations |
|  | Perform individual and/or group tutoring |
|  | Class/faculty visits |
|  | Maintain/submit student records (e.g., grades) |
|  | Perform other tasks as assigned. Please list: |
|  |  |
|  |  |
|  |  |
|  |  |

Please use the following checklist to make certain you provide needed items and information to your ASE(s).

|  |  |
| --- | --- |
|  | A copy of the course syllabus has been provided. |
|  | A copy of the textbook and all other material needed to perform assigned duties has been provided. |
|  | Instructor has verified that the ASE has an appropriate workspace and support (equipment and materials) for performing assigned duties. |

An Associate-In with a 50% appointment shall not be assigned a workload of more than 220 hours per quarter or a workload of over 40 hours in any one week. The number of hours worked in excess of 20 hours per week may not total more than 50 hours per quarter. In addition, an Associate-In with an appointment of 50% or less shall not be assigned a workload of more than 40 hours in any one week or more than 8 hours in any one day.

Any significant change in the ASE’s duties (as described above) should be provided, in advance and in writing (or email) to the ASE, with a copy sent to the departmental contact person.

I have discussed/provided the above items:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor’s Signature |  | Date |

I have discussed/been provided with the above items:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Academic Student Employee’s Signature |  | Date |

Supervisor: Please return one copy to the departmental contact person and give one copy to the ASE after both you and the ASE have signed each copy.

ASE: A copy of this signed form will be placed in your employment file.