

Instruction Sheet

Request for Approval of Extra On-Campus Employment Hours

As per the Faculty Handbook, Section 3, Article 7.1.e, full-time graduate students "must limit their paid University employment to a maximum of 520 hours per year, with a maximum of 240 hours per academic term. This includes all paid employment on campus including Graduate Teaching Assistantships and Research Assistantships."

Note: This form is **not required unless** the total hours of all on-campus employment exceeds the regulation as stated above.

Instructions:

1. In collaboration with your Supervisor, develop a plan or timeline of how you will maintain progress in your degree given the request for additional hours. This plan/timeline must also be approved by your GPD.
 2. Complete all sections of the following documents:
 - a. On-Campus Employment Summary
 - b. Request for Approval of Extra On-Campus Employment Hours form
 3. Acquire signatures on the Request for Approval of Extra On-Campus Employment Hours form (student, Supervisor, GPD).
 - a. You may need to submit the form to your program's GPAC for assistance.
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Submission Checklist:

- ☐ Request for Approval of Extra On-Campus Employment Hours form
 - ☐ On-Campus Employment Summary
 - ☐ Plan/Timeline for maintaining progress (approved by GPD)
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On-Campus Employment Summary

Student Last Name: _____

Student First Name: _____

Student Number: _____

Date: _____

Please provide the following for all on-campus employment:

- Position title (e.g. Teaching Assistant, Exam Invigilator, etc.)
- Appointment dates (start and end, e.g. Sep. 2023 – Apr. 2024)
- Total number of contracted hours (e.g. 120)

Position Title (if applicable, specify course(s))	Appointment Start Date	Appointment End Date	Total # of Contracted Hours
e.g. Teaching Assistant	Sept. 2023	Dec. 2023	120

Provide any additional notes on employment as applicable:

REQUEST FOR APPROVAL OF EXTRA ON-CAMPUS EMPLOYMENT HOURS**ALL SECTIONS MUST BE COMPLETED:**

Employee Number:

Student Number:

Last Name:

First Name:

Email Address:

Graduate Program:

Defined Length of Program (ie. total # of terms):

Number of Current term:

Academic Year: May to April

Term(s) Additional Hours requested (List the extra hours you are requesting in each term):

Spring Term:

Fall Term:

Winter Term:

Total additional hours request across **all** terms:

Position title/description:

Course Number (if applicable)

Course Duration:

APPROVALS (all required)

The information contained herein is accurate and reliable. I acknowledge that the duties associated with these additional hours will not impede my timely completion of graduate program.

*Graduate Student Name**Signature**Date*

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Faculty of Graduate Studies and Postdoctoral Affairs, Brock University.

By signing below, you support the student in taking on the extra employment hours and agree to monitor the student's progress in their program.

*Supervisor Name**Signature**Date**Graduate Program Director Name**Signature**Date***DEAN (Faculty of Graduate Studies and Postdoctoral Affairs) OR DESIGNATE:***Dean (FGSPA) or Designate Name**Signature**Date*