

## Request for Approval of Extra On-Campus Employment Hours

# Instruction Sheet

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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.

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### **Instructions:**

1. Complete all sections of the following documents:
    - a. On-Campus Employment Summary
    - b. Plan/Timeline to maintain degree progression
    - c. Request for Approval of Extra On-Campus Employment Hours details
  
  2. In collaboration with your supervisor, develop a plan/timeline of how you will maintain progress in your degree given the request for additional hours. Within your plan, address **ALL** components in your degree requirements from the point of entry to convocation. Please see Page 3 for instructions.
  
  3. Acquire signatures on the Request for Approval of Extra On-Campus Employment Hours form (student, Supervisor (if applicable), GPD, FGSPA).
    - a. You may need to submit the form to your program's GPAC for assistance.
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### **Submission Checklist:**

- On-Campus Employment Summary
  - Plan/Timeline for Maintaining Degree Progression (attach as separate document)
  - Request for Approval of Extra On-Campus Employment Hours form
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Please submit all completed documents (this package (page 1 – 4) AND the Plan/Timeline for Maintaining Degree Progression) to [graduatestudies@brocku.ca](mailto:graduatestudies@brocku.ca).

## On-Campus Employment Summary

**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 \_\_\_\_\_

Please provide the following for **all** on-campus employment, including the extra hours requested, in order of academic term (Spring/Summer, Fall, Winter)

- Position title (e.g. Teaching Assistant, Exam Invigilator, etc.)
- Appointment dates (e.g. May 2024 – August 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 (SOCI 1P91)	e.g. May 2024	e.g. June 2024	e.g. 120

## Plan for Maintaining Degree Progression Instruction Sheet

In collaboration with your supervisor, develop a plan/timeline of how you will maintain progress in your degree given the request for additional hours. Within your plan/timeline, please include the following:

- List **ALL** components in your degree requirements from the point of entry to convocation. For each component listed include:
  - Name of component (e.g. course completion, proposal development, etc)
  - Anticipated/planned start and end date (e.g. Data Collection – December 2024 to February 2025)
  - Explanation of how you will maintain progress within the term, and beyond, given the request for extra hours

### SAMPLE PLAN/TIMELINE

This is a guideline: other formats are acceptable so long as they include all required components of your degree and all required information for those components as listed above.

TERM	PROGRESS	PLAN
Fall 2024	<ul style="list-style-type: none"> <li>• Coursework               <ul style="list-style-type: none"> <li>○ Completion of ...(list courses)</li> </ul> </li> <li>• Thesis Proposal and Ethics Application               <ul style="list-style-type: none"> <li>○ Finalize thesis proposal draft</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Bi-weekly meetings with supervisor to check-in and discuss feedback on draft thesis proposal</li> <li>• Submit ethics application and complete any revisions based on REB feedback</li> </ul>
Winter 2024	<ul style="list-style-type: none"> <li>• Data Collection               <ul style="list-style-type: none"> <li>○ Finalize data collection parameters</li> <li>○ Begin data collection for samples A – D</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Dedicate specific time blocks dedicated to collected required data</li> </ul>
Spring/Summer 2025	<ul style="list-style-type: none"> <li>• Data Analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Begin analysis, compile data, and draft report of preliminary findings</li> <li>• Review preliminary findings and draft report with supervisor</li> </ul>

## REQUEST FOR APPROVAL OF EXTRA ON-CAMPUS

Term(s) Additional Hours requested: (Only list the total number of extra hours that exceed the FHB maximums as listed on Page 1)

Spring/Summer 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 on-campus employment hours, approve their plan/timeline to maintain degree progression, and agree to monitor their progress in their program.

*Supervisor Name*

*Signature*

*Date*

By signing below, you have reviewed and approve of the plan/timeline to maintain degree progression and support the student in taking on the extra on-campus employment hours.

*Graduate Program Director Name*

*Signature*

*Date*

*Faculty Associate Dean Name*

*Signature*

*Date*

**DEAN (Faculty of Graduate Studies and Postdoctoral Affairs) OR DESIGNATE:**

*Dean (FGSPA) or Designate Name*

*Signature*

*Date*