



REQUEST FOR APPROVAL OF EXTRA ON-CAMPUS EMPLOYMENT HOURS

Note: by agreement with the Provincial Government, full-time graduate students are offered TAs with a maximum average of 10 hours per week for the duration of a given term. Full-time graduate students who wish to seek additional employment appointments for on-campus work (including TA or RA hours) that result in more than an average of 10 hours per week must first seek and obtain the approval of their Supervisor, the Graduate Program Director, and the Dean of Graduate Studies.

ALL SECTIONS MUST BE FILLED:

Last Name: First Name: Employee Number:

Student Number: Email Address: Graduate Program:

Defined Length of Program, i.e., total number of terms: Number of current term:

Note: for each course, or for any work appointment, that you are seeking additional hours beyond an average of 10 hours per week list the course number and course duration (for TA positions), or appointment description (for other types of employment), and the total number of additional hours you are seeking per term:

Term(s) Additional Hours to be Worked: Fall Term Winter Term Spring Term

Course Number (if applicable): Course Duration: Total # of additional hours above 160/term being requested:

Position description:

APPROVALS (all below signatures required)

GRADUATE STUDENT: The information contained herein is accurate and reliable, I certify that the duties associated with these additional hours will not jeopardize my completion of the work required by my graduate program during the term or terms specified.

Graduate Student's 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.

By signing below, you are in support of the student taking on the extra employment hours and certify that you do not expect that the extra hours being requested will impede the student's timely completion of his/her graduate work.

Supervisor's Name: Signature Date

Graduate Program Director's Name: Signature Date

DEAN OF GRADUATE STUDIES:

Dean of Graduate Studies Name: Signature Date

For Office Use Only:

Original to: HR Copies: Dean, Graduate Studies Graduate Program Director Student's File Student Date: