

<u>Assignment of Assistantship Duties</u> Graduate Assistant (Non - Teaching)

Graduate Assistant:								ı	UCID:									
Faculty/Department:								ſ	Researcher:									
Semester of Appointment:								(Category and Total Hours:									
If this is a	If this is a Revised AoAD form, please indicate which sections have changed:																	
Descripti	on of	Dutie	s (Ple	ase p	rovid	e a br	ief de	escript	ion b	elow):								
			E	stima	ted [Distri	butio	n of I	Hours	over	the S	emes	ter					
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Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Hours																		
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that it al		-		n the	Collec	ctive	Agree	ement	betw	een t	he Gra	aduate	Stud	ents'	Asso	ciatio	n and	
the Unive	ersity	of Cal	gary.															
Graduate Assistant:										[Date:_						<u>—</u>	
Researcher:										ſ	Date:_						_	
Den Head or Equivalent:										r	Jato:							

Copy: Graduate Assistant gsahr@ucalgary.ca

Department gsacontr@ucalgary.ca

To ensure timely processing, please submit the form to the Graduate Program Administrator in the Faculty as soon as completed. Any delay in submission may result in a delay of first payment.