

TO BE COMPLETED BY SUPERVISOR

Empl Name:	Semester:
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Supervisor Name:	Location of Duties:
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Classification of Appointment: *(choose one)*
 The full-time workweek is a work week of forty (40) hours in a workweek of seven (7) consecutive twenty-four (24) hour periods.
 Please refer to Article 26.6 – 26.11 regarding overtime provisions.

	Teaching Associate - Non-exempt employees who may be appointed up to the equivalent of full-time (40 hours per week) over the period of the appointment.
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	Graduate Assistant - Non-exempt employees. CSU policy limits their work assignment to no more than 20 hours in a week during periods of instruction.
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	Instructional Student Assistant - Non-exempt employees. CSU policy limits their work assignment to no more than 20 hours in a week during periods of instruction.
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Course Number	Title	Day/Time	Room

The job duties designated below are required of the employee. Care should be taken to ensure that the time required to complete these duties is consistent with the hours established in the appointment letter.
 Please check the appropriate items and describe, as applicable:

	Present lectures	if Yes,	Frequency/Dates:
	Instruction/supervision of sections/course/labs	if Yes,	Number per week:
	Office hours	if Yes,	Number of hours per week:
	Supervisor/Employee meetings	if Yes,	Frequency/Duration:
	Read and evaluate student papers	if Yes,	Describe:
	Perform other tasks as assigned	if Yes,	List:
	Attend course lectures		Preparation
	Proctor examinations		Maintain/submit student records (e.g., grades)
	Evaluate student assignments		Provide research assistance
	Attend pedagogy classes required for training		Perform individual and/or group training
Yes	No	The supervisor will perform class observations	

I agree with the above assignment, and I reviewed the assignment with the employee and provided a copy of all pages including evaluation criteria, if provided.

Supervisor Signature:	Date:
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TO BE COMPLETED BY EMPLOYEE

I acknowledge that I understand the responsibilities and expectations of the position. I received a copy of duties for this appointment and evaluation criteria, if attached.

Employee Signature:	Date:
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TO BE COMPLETED BY DEPARTMENT CHAIR

Department Chair Signature:	Date:
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QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)