

TA (Unit 1) Remediation Workload Form

Teaching Assistants in Unit 1 are required to submit a completed and signed TA Remediation Workload Form for assessment of remediation pay, after the work for which pay is to be provided has been completed and grades have been submitted.

For each course section and position type, please provide the information below. The original TA workload form must be attached. Remuneration will be considered for up to the maximum value of the original contract.

The Form is to be signed by the Requestor and Course Director.

Requestor's Name (Last name, First name): _____

Requestor's Employee Number: _____

Course & Section: _____

Course Supervisor (if applicable): _____

Position Type: _____
(e.g. TA, Marker/Grader, Tutor 7, etc.)

Enrolment and grading information for the group to which you were assigned:

Pre-disruption Student Enrolment: _____

Current Student Enrolment: _____

Grades have been submitted to the Registrar's Office: Yes No

Number of students who participated in formal remediation period: _____ (complete this field prior to submitting form)

Number of students still requiring remediation: _____ (complete this field prior to submitting form)

Assigned Duties	Original work load plan hours (contract max):	Hours worked prior to the disruption:	Expected hours required for remediation:	Revised remediation activities (specify form of instruction e.g. lectures, seminars, tutorials, labs, review sessions, etc.):	Actual hours worked for remediation:	Date activity was completed: yyyy/mm/dd	Additional hours to complete work of those who did not return to work:
E.g. Tutorial, Lab hours							
Lecture attendance							
Office hours							
Tutorial, lab preparation							
Grading - assignment/Test #1							
Grading - assignment/Test #2							
Exam grading							
Email communications							
Lecturing							
Class preparation							
Alternative forms of remediation (e.g. posting lecture notes on the web; e-mail office hours, etc.)							
Total Hours	contract max	A			B		

Grand Total Hours (A + B) (Can not be more than contract max)

I declare that the information included with this Request for Remediation Remuneration & Attestation of Completed Work Form is as accurate as I can practically determine.

Requestor:

Signature

Date (yyyy/mm/dd)

Phone and/or email

Course Director:

Signature

Date (yyyy/mm/dd)

Phone and/or email

Review of Remediation Workload Plan by Dean or Designate:

**Dean's Office
Approval for
Remediation Pay:**

Printed name: _____

Signature: _____

Date: _____

* If course director and UPD are not available, please submit your form directly to your Chair or the Dean's Office or Dean's Designate. In signing, the Reviewer is confirming that, to the best of their knowledge, the information provided by the requestor is accurate.

* This form can be used to indicate additional hours worked for a course section in which the requestor did not originally have a teaching assignment. In these cases, only the right-most column of the table needs to be completed.