**CUPE 3903 Unit 2**

**Remediation Work Form**

Teaching assistants and contract faculty are required to submit a Remediation Work Form to assess their entitlement to remuneration for the completion of any winter term course. Submission of the form is not required otherwise. For each course, please provide the total number of hours required for remediation, with a breakdown including (but not limited to) the following:

* The number of students previously enrolled.
* The number of students currently enrolled and still requiring remediation.
* The form(s) of remediation instruction that will be provided; e.g., lectures, seminars, tutorials, studios, labs, unsupervised directed reading, review sessions, etc.
* The number of instructional contact hours associated with each form of remediation provided.
* Examination time required.
* Grading time required.
* Other alternative forms of remediation and time required; e.g., posting lecture notes on the web; e-mail office hours and/or correspondence.

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Enrolment (previous): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Enrolment (current and requiring remediation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Hours**

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(You may expand the table or include the requested information on a separate, attached sheet)

I declare that the information included with this Remediation Work Form is as accurate as I can practicably determine.

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SIGNATURE DATE

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PRINTED NAME PHONE AND/OR E-MAIL

SIGNATURE OF SUPERVISOR (IF WORK FORM IS SUBMITTED BY TA/TUTORIAL ASSISTANT/LAB DEMONSTRATOR)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_