THE CITY UNIVERSITY OF NEW YORK GRADUATE ASSISTANT WORKLOAD REPORTING FORM

Article 15.3 of the Agreement between The City University of New York and the Professional Staff Congress/CUNY states:

15.3 WORKLOAD FOR STAFF IN THE GRADUATE ASSISTANT TITLE SERIES:

- Graduate students holding the title Graduate Assistant A (GAA) shall have an assignment maximum of 240 contact teaching hours or 450 hours of non-teaching assignments during the work year.
- Graduate students holding the title of Graduate Assistant B (GAB) shall have an assignment maximum of 120 classroom teaching hours or 225 hours of non-teaching during the work year. If a Graduate Assistant B holds an adjunct position, his or her total combined assignment may not exceed 240 contact teaching hours or 450 hours of a non-teaching assignment during the work year.
- Graduate students holding the title Graduate Assistant C (GAC/GTF) shall have an assignment maximum of 180 classroom teaching hours during the work year. If a Graduate Assistant C also holds an Adjunct teaching position, his or her total combined assignment may not exceed 270 contact teaching hours during the work year.
- Graduate students holding the title Graduate Assistant D (GAD) shall have an assignment maximum of 100 hours of non-teaching during the work year. If a Graduate Assistant D holds an adjunct position, s/he may be appointed for a maximum of 180 contact teaching hours not to exceed 280 hours in the combined assignment. If a Graduate Assistant D holds a Non-Teaching Adjunct appointment, his or her combined total may not exceed 325 hours of a non-teaching assignment during the work year.*

To be completed by the Gra	duate Assistant:								
NAME			SEMESTER Y			_ YEAF	YEAR		
DOCTORAL DISCIPLINE									
PAYROLL TITLE(s): GAA (Please check)	GAB	GAC/GTF	GAD	Other (Specify)				
List all courses being taught	or all non-teachi	ng assignments with	hin The City	University t	his semester:				
Teaching Assignment (plea	ase list and speci	fy GTF, GAB & A	djunct appo						
College	Dept.	Course Title		Course # & Sect.	Lecture or or both	<u>Lab</u>	<u>Class</u> <u>Size</u>	Total Hrs Per Week	Course Credit
Non-Teaching Assignment College	(GAAs, GABs a			of Assignm	<u>ent</u>			Hours Per W	
I certify that I have read the ab- exceed the contractual limitatic changes in this information dur- limitations, I understand that I notify the Office of Human Re- change.)	ons, unless such linging the semester, I may be terminated	mitations have been a will submit an updat from all positions w	explicitly waiv ed form to the ithin The City	ed by CUNY Department University.	and the PSC. Chair to reflect If unable to ful	I furthe t these cl fill my a	er certify thanges. Sassignmen	that, if there should I exce t, I will imm	are any ed these ediately
Signature	gnature			Date					
Review by Department Char	<u>ir</u>								
I certify that I have reviewed	d this form and th	at it accurately refle	ects the cours	e(s) and/or 1	non-teaching	hours as	ssigned a	t this colleg	e.
Signature of Department Ch	air		D	ate		_			
I have reviewed the work as	signment and bel	ieve that it is approp	oriate for this	Graduate A	assistant.				
Signature of Executive Office	eer			ate		_			