

Date (mm-dd-yy):

Subject: Employment agreement

This form confirms an agreement for temporary employment between

**Name (Last, First):**

**ID number:**

**Status:**

**Address and Zip Code:**

and

**Supervisor Name (Last, First):**

**Address and Zip Code:** 1001 Sherbrooke Street W, 110 Samuel Bronfman Building, Montreal, QC, H3A 1G5

**Description of duties**

**Job Title:**

**Course (ex: MGCR 211):**

<b>Duties:</b> Assist with record-keeping	Hold tutorial for students
Attend class (if needed)	Hold weekly office hours
Meetings with instructors (regular basis)	Grade assignments
Grade midterms	Grade finals
Exams review	Grade record-keeping (spreadsheet)

Others (specify):

**Rate and payment schedule**

Your temporary employment starts on \_\_\_\_\_ until \_\_\_\_\_, **at which time your employment with the University will end. Therefore, no further notice will be forthcoming.** Please note that the agreement can conclude earlier with a two (2) week notice by either party. The hourly rate of pay will be \$ \_\_\_\_\_ per hour with the 4% vacation indemnity paid with each pay cheque. You may have access to restricted information and it is required that you keep such information confidential. Your work will periodically be assessed to evaluate that it meets the standards and expectations of the Faculty.

**I understand the terms and conditions stated in this agreement.**

Printed Name

Signature

Date

**Supervisor**

Printed Name

Signature

Date