## 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 270 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			SEM	SEMESTERY			'EAR		
DOCTORAL DISCIPLINE									
PAYROLL TITLE(s): GAA (Please check)	GAB	GAC/GTF	GAD	Other (	Specify)				
List all courses being taught	or all non-teaching	ng assignments witl	nin The City	University t	his semester:				
Teaching Assignment (plea	ase list and speci	fy GTF, GAB & A	djunct app				G1		
College	Dept.	Course Title		Course # & Sect.	Lecture of or both	<u>r Lab</u>	<u>Class</u> <u>Size</u>	<u>Total</u> <u>Hrs Per</u> <u>Week</u>	Course Credit
Non-Teaching Assignment	(GAAs, GABs a								
<u>College</u>	Dept.		Typ	Type of Assignment			Hours Per Week		
I certify that I have read the absexceed the contractual limitation changes in this information durilimitations, I understand that I notify the Office of Human Reschange.)	ons, unless such lir ing the semester, I may be terminated	mitations have been e will submit an update from all positions wi	explicitly wai ed form to th thin The City	ved by CUNY e Department University.	Y and the PSC Chair to reflect If unable to fu	C. I further t these calfill my	er certify thanges. Sassignmen	that, if there hould I exce t, I will imm	are any ed these ediately
Signature				Date			<del></del>		
Review by Department Chair	<u>ir</u>								
I certify that I have reviewed	d this form and th	at it accurately refle	ects the cour	se(s) and/or i	non-teaching	hours a	ssigned a	t this colleg	e.
Signature of Department Ch	air		I	Date		_			
I have reviewed the work as	signment and beli	ieve that it is approp	oriate for thi	s Graduate A	Assistant.				
Signature of Executive Offic	er			Date		_			