

# Employment Contract for Graduate Assistantship

**GRENFELL**  
CAMPUS



## TO BE COMPLETED BY THE STUDENT (EMPLOYEE)

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**Surname**

**Given Name**

**Student Number**

**Email**

**Student's Program**

**Student's Supervisor**

## TO BE COMPLETED BY THE SUPERVISOR (EMPLOYER)

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**Supervisor/Employer**

**Department**

**Email**

**Telephone Number**

**Position Title (for Student RA/TA)**

**Hrs of Work (Max. 60 hrs/semester)**

**Rate of Pay**

**Start Date**

**End Date**

**Responsibilities of Employee**

**Employee's Signature**

**Employer's Signature**