

## University of Management and Technology

**Teaching Assistants / Graders Contract Form**

**School of Science**

**Department of Physics**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***To be filled by Teaching Assistants / Graders*** | | | | | | | |
| **Student ID** |  | **Student Name** |  | | | | |
| **Program** |  | **No. of Credit Hours Completed (to date)** |  | **Major** |  | **CGPA** |  |
| **Phone #** |  | **Email** |  | | **CNIC #** |  | |

**Compensation:**

Graders/Teaching Assistants are supposed to work at least Ten (10) hours per week. He/she will be paid Rs. 4,000/- per month as compensation for this service. Payment will be made after completion of semester through crossed cheque.

I have read and agree to the terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Signature of the Grader/Teaching Assistant Date**

**FOR FACULTY USE ONLY**

*To be filled by Faculty Member only*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Faculty Member** | |  | | **Designation** |  |
| **Semester** |  | **Contract Start Date** |  | **Contract Completion Date** |  |

*Course load during the semester*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Course Name** | **Course Code** | **Program** | **Section** | **No. of Students** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| **Total** | | | | |  |

|  |
| --- |
| *Remarks by the faculty member:* |

**Faculty Member (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chairperson (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICAL USE ONLY**

*Verified By*

**Officer Compensation & Benefit (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head OHR (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Finance (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**