



# UMT

## University of Management and Technology Teaching Assistants / Graders Contract Form

School / Institute Name \_\_\_\_\_ COHORT \_\_\_\_\_

<i>To be filled by Teaching Assistants / Graders</i>							
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. 10,000/- 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
<b>Total</b>					

Remarks by the faculty member:

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

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

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

### FOR OFFICAL USE ONLY

*Verified By*

Compensation and Benefit (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Head OHCM (Signature) \_\_\_\_\_ Date \_\_\_\_\_

OTR (Signature) \_\_\_\_\_ Date \_\_\_\_\_