



UMT

University of Management and Technology Teaching Assistants / Graders Contract Form

School / Institute Name _____

| <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. 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 |
|--------------|-------------|-------------|---------|---------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Remarks by the faculty member:

Faculty Member (Signature) _____ Date _____

Department Chairperson (Signature) _____ Date _____

Dean (Signature) _____ Date _____

FOR OFFICIAL USE ONLY

Verified By

Compensation and Benefit (Signature) _____ Date _____

Head OHCM (Signature) _____ Date _____

OTR (Signature) _____ Date _____