

Full-time graduate students\* may pursue employment through the University of Waterloo that exceeds 10 hours per week on average (but does not exceed 20 hours per week, on average, each term). It is important that an open conversation between a student and their supervisor (Graduate Officer/Chair or Program Director if there is not an identified research supervisor) have taken place so that expectations, workload, and academic progression are factored into the decision-making.

If you are a full-time student and your total employment is expected to exceed 10 hours/week, you must seek and document approval using this form. You will be required to submit this completed form, with all necessary signatures, to the hiring department.

\*Part-time students do not have any limits to their hours of UW Employment.

**Section 1: Student Information**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Department: \_\_\_\_\_ ID #: \_\_\_\_\_  
Program: \_\_\_\_\_ Current Average: \_\_\_\_\_  
Supervisor(s) (if applicable): \_\_\_\_\_

**Section 2: Employment Information (note: please list all UW employment, though note that only those positions that cumulatively exceed 10 hours/week on average) require this approval process.****Position 1**

Employment Type:  GTA  GRA Other: \_\_\_\_\_  
Term of Employment:  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_  
Employer/Hiring Unit: \_\_\_\_\_  
Estimated hours per week: \_\_\_\_\_

**Position 2:**

Employment Type:  GTA  GRA Other: \_\_\_\_\_  
Term of Employment:  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_  
Employer/Hiring Unit: \_\_\_\_\_  
Estimated hours per week: \_\_\_\_\_

Comments: \_\_\_\_\_

**Section 3: Student Agreements and Approval Signatures**

By signing below I confirm that:

1. I am in good academic standing.
2. I have had a discussion with my supervisor(s)/Graduate Chair/Officer/Program Director regarding expectations, workload, and academic progression and reached agreement that the above hours are acceptable for the specified term.
3. (If receiving funding), I understand that my primary obligation is to the responsibilities for which my funding package is providing support.
4. I understand that any work taken on above and beyond 10 hours will not be grounds for a Policy 70 appeal should my academic performance be negatively impacted by taking on additional work.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4: Supervisor Agreements and Approval Signatures**

By signing below I confirm that:

1. I have discussed the proposed employment with this student and support the proposed employment activities.

Supervisor\*: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\*Graduate Officer / Program Director if student does not have an identified/confirmed research supervisor.