

**REQUEST FOR PAYMENT OF MARKING ASSISTANCE**

Faculty Member:

Course Name: Number:

Number of students registered:

Number of hours approved: Fall Term:

Spring Term:

TOTAL:

T.A. or Marker’s Name:

# (Please Print)

Address:

Phone Number:

Social Insurance Number:

For the week ending:

Hours worked:

Signature of T.A or Marker:

Signature of Faculty Member:

Signature of School Chair:

Signature of Vice-Principal & Academic Dean:

Once approved, submit time sheet to the Vice-Principal & Academic Dean’s Executive Assistant.

# (Room 125, St. James Building)

Revised: July-17