



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)