Click or tap to enter a date. **UNIVERSITY OF LETHBRIDGE ID:** UniversityID

[FirstName LastName]

[Email]

[AddressLine1]

[City, Province PostalCode]

Dear [FirstName]:

I am pleased to offer you an appointment to a Graduate Assistantship [Type] in the University of Lethbridge (“University”) School of Graduate Studies.

Your appointment is subject to the University of Lethbridge Graduate Students’ Association (“ULGSA”) Collective Agreement. Consult the ULGSA Collective Agreement for information pertaining to the terms, rights and responsibilities of GAs at the University,

For your convenience, a copy of the ULGSA Collective Agreement is available on the University Human Resources website ([www.ulethbridge.ca/hr/graduate-student-association-gsa-collective-agreement](http://www.uleth.ca/hr/graduate-student-association-gsa-collective-agreement)).

****Category of Appointment:**** This Offer of Appointments is for a Graduate Assistantship [Type] for the [Faculty/School/Unit].

****Term of Appointment:**** This is a Graduate Assistantship appointment for a total duration of [number (#) months] **starting on** [Date] **and ending on** [Date] **for** [# total hours] **of work**.

****Renewability:**** This Offer of Appointment is [renewable/non-renewable].

****Rate of Pay:**** Your appointment will be paid through the University in the amount of [$X,XXX]. Rate of pay, leaves, vacation pay, etc. will be subject to statutory and legislatively required deductions on each pay period, including Canadian income tax, Canada Pension Plan (“CPP”) and Employment Insurance (“EI”). You will be paid on the last working day of each month. This amount will be pro-rated for any contractual period specified otherwise. Payment in lieu of vacation is included in this amount.

****Hours of Work:**** The total hours of work for this position are [# total hours] throughout the duration of the appointment. You will normally complete an average of [# weekly hours] per week. The average number of hours per week will vary depending on the duties and responsibilities assigned and will be determined in consultation with your Coordinator.

It is the policy of the University to pay Graduate Assistantships, in arrears, in monthly installments. However, given the nature of academic work, it may be necessary that your hours of work are not evenly distributed across the calendar year, and may be disproportionately concentrated in particular months, while not exceeding the stipulations for assigned hours indicated above.

****Duties and Responsibilities:**** Your Assignment of Duties form is attached to this Offer of Appointment for your review and approval. The form includes a description of specific duties assigned to you for the duration of your term of appointment, expectations for performance, and any training required to perform the specific duties assigned. Assigned duties must be in accordance with the ULGSA Collective Agreement.

****Graduate Assistantship Coordinator:**** Your Coordinator is [Rank FirstName LastName]. In executing your duties as a Graduate Assistant, you will report to your Coordinator, who is a member of the [Faculty/School/Unit] at the University. Your Coordinator is responsible for the assignment, monitoring, and evaluation of your duties and will complete a written evaluation. Copies of the evaluation will be provided to both you and the School of Graduate Studies by your Coordinator.

Your Coordinator can contacted by email at [CoordinatorEmail] or by phone at [PhoneNumber].

****Reporting for the Graduate Assistantship:**** You must report to your Coordinator and confirm your Graduate Assistantship duties by [Date]. Failure to report to your Coordinator by this date may result in termination of your appointment without notice.

****Termination:**** This appointment has no commitment to continue beyond the end date indicated in the Term of Appointment section of this offer. Conditions of termination are in accordance with terms of the ULGSA Collective Agreement.

****Policies and Procedures:**** As are all members of the University community, you are expected to observe and to conduct yourself according to all University policies. It is your responsibility to familiarize yourself and keep up-to-date on policies and procedures of the University, which affect any aspect of your appointment. Please note that policies, rules and regulations may be subject to change, at the University’s discretion and such alternations and amendments shall automatically apply.

You should consult with your Coordinator to achieve familiarity and understanding of all applicable University policies and procedures ([www.ulethbridge.ca/policy](http://www.ulethbridge.ca/policy)), including but not limited to:

* [ULGSA Collective Agreement](http://www.uleth.ca/hr/graduate-student-association-gsa-collective-agreement)
* [Harassment and Discrimination Policy](http://www.uleth.ca/policy/harassment-and-discrimination-policy)
* [Computer Use Policy](http://www.uleth.ca/policy/computer-use-policy)

****Conditions of Appointment:**** This offer is contingent upon your continuous registration in the [Graduate Program] program for the [academic term] ([Month Year] to [Month Year]).

As a graduate student, you are responsible for paying any requisite tuition and fees. Moreover, your remuneration as a Graduate Assistant is not intended to cover the full cost of your living expenses, including expenses related to housing.

This offer, along with the ULGSA Collective Agreement, constitutes the entire contract for this Graduate Assistantship [Type] at the University. In signing this contract you agree that—besides the Graduate Assistantship [Type] appointment offered to you from [Date] to [Date] —no other written or parol condition, qualification, or instructional agreement, exists between you and the University except what is stated herein.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Dean/Associate Dean Name] Date

[Title, SGS]

If you find these conditions acceptable to you, sign below and return one copy of this letter to School of [Dean/Associate Dean SGS Name] (B610) by [Date] . This offer is valid until [Date] after which it becomes null and void. Should you have any questions, contact your Graduate Assistantship Coordinator.

Signing on the line below signifies acceptance of the terms and conditions of the appointment outlined above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[GA FirstName LastName] Date

A copy of this contract is enclosed for your own records and copies are included in your employment file as well as to your Graduate Assistantship Coordinator.