



Secondary Position Authorization Form - TEACHING

This form is to be used by any full-time, non-faculty employee teaching a course. **Important - Full-time (permanent and contract) employees falling under this process are not permitted to teach more than one half-course equivalent (HCE) per term. By completing this form, you are affirming that you are not teaching another course, in the same term, in any Faculty.**

The intent of the form is to

- a. identify the course and offering information
- b. identify the weekly time commitment required to deliver the course (including contact time with students [in-class and/or online], and time for preparation, marking, etc.)
- c. identify any overlap with the individual's normal work week (e.g. Monday-Friday, 8:30 am to 4:30 pm)
- d. identify any other authorizations required for teaching, and
- e. confirm approval by the employee's direct supervisor.

Employee Information:

Name: _____

Full-time Position: _____

Reports to (provide name): _____

Primary Supervisor Title: _____

A. Course Code: _____

Course Name: _____

Course Offering: Hours/week _____ Term _____ Year _____

Mode of Delivery (choose one):

In-class Online (scheduled) Online (not-scheduled)

Blended (scheduled) Other (describe)

- B. The University's assumption is that every hour of lecture time represents three additional hours of work (preparation, marking, consulting with students, etc.). For example, if the course has a 3:0 structure, then the employee must account for a total of 12 hours of work EACH week. Using the table below, identify your WEEKLY plan for all these hours (indicate day and # hours):

Weekday	Scheduled* Class Hours	# of class hrs	Additional** Hours	# of hrs	Overlap # hrs
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

* if online and unscheduled, please identify all weekly hours under the Additional column only.

** please provide short description of activities – marking, preparation, student advising, etc.

- C. If you identified overlap hours with your normal work week in the preceding table (i.e. if the course is offered face-to-face during the day on a weekday and takes you away from your normal duties), please identify how your regular work will be accommodated:

- D. Confirmation of approval by Primary Supervisor of the additional work associated with course delivery:

Employee Name (Print)

Signature

Supervisor Name (Print)

Signature