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| **Cal Poly Logo_2011** | **ASE 101**  **ACADEMIC STUDENT EMPLOYEE (ASE)**  **DESCRIPTION OF DUTIES FORM** | |
| **TO BE COMPLETED BY SUPERVISOR** | | |
| **Student Employee’s Name:** | **Employee ID:** | |
| **Supervisor:** | **Department:** | **Phone:** |
| **For Academic Student Employees with course-related duties, please complete the following information:**  Course #:       Title:       Location:       Day/Time: | | |
| **TERM and YEAR** | **APPOINTMENT TYPE** | |
| Fall Winter **Academic Year:**  Spring Summer | Teaching AssociateGraduate Assistant  Instructional Student Assistant (ISA) | |
| **The job duties\* designated below are required of the employee for term identified. Must complete separate ASE101 each term. Please check the appropriate items and describe, as applicable:** | | |
| |  |  | | --- | --- | |  | Attend course lectures *(complete course information above)* | |  | Present lectures - Frequency/dates:  *(complete course information above)* | |  | Instruction/supervision of  sections/courses/labs per week *(complete course information above)* | |  | Preparation | |  | Hold  office hours per week Location:  Days/Times: | |  | Attend Supervisor/ASE(s) meetings - Frequency/duration: | |  | Attend pedagogy classes required for training purposes | |  | Read and evaluate student papers. Describe: | |  | Proctor examinations | |  | Perform individual and/or group tutoring | |  | Maintain/submit student records (e.g. grades) | |  | Evaluate student assignments | |  | Provide research assistance | |  | Perform other tasks as assigned. Please list: | | The supervisor will perform class observations. Yes  No | | | Expected Hours per week:  Maximum Hours per week:  (care should be taken to ensure that the time required to complete these duties is consistent with the hours established in the appointment notice). | | | **\*Any significant change in these job duties requires a revised ASE 101 form.** | | | | |
| Teaching Associates are non-exempt salaried employees who may be appointed up to the equivalent of full-time (40 hours per week) over the period of the appointment. Graduate Assistants and Instructional Student Assistants are non-exempt employees. CSU and Cal Poly policy limit the work assignments of any Academic Student Employees to no more than 20 hours per week during periods of instruction.  The full-time workweek is a work week of forty (40) hours in a workweek of seven (7) consecutive twenty-four (24) hour periods, beginning Sunday and ending Saturday. Teaching Associates must not exceed the number of hours associated with their assignment without advance written authorization of their department chair. Please refer to Article 26.6-26.11 regarding overtime provisions. | | |
| Pursuant to Article 2.11 of the Collective Bargaining Agreement between the California State University and the United Auto Workers Local Union 4123, this appointment automatically expires at the end of the period stated and does not establish an obligation for a subsequent appointment. This appointment is covered by the Unit 11 Collective Bargaining Agreement linked below. Fee Waiver is not available for the 2016-17 academic year. For information on benefits eligibility, Teaching Associates should refer to the [Insurance Benefits for Teaching Associates](http://www.academic-personnel.calpoly.edu/content/resources) flyer posted at <http://www.academic-personnel.calpoly.edu/content/resources>. Graduate Assistants and ISAs are not eligible for health or other benefits. Unit 11 Collective Bargaining Agreement and State of California Loyalty Oath Information: <http://www.calstate.edu/LaborRel/Contracts_HTML/CBA_Contract/index.shtml> UAW Local 4123 website: <http://www.uaw4123.org> | | |
| I hereby accept and have received a copy of this appointment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Student Signature Date | I have advised the ASE listed above regarding this appointment and orientation session, if any.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Supervisor Signature Date | |

**Original**: Department File **Copy**: Supervisor and ASE