



WJC TEACHING ASSISTANT CONTRACT

Requester Information	
Faculty Member Name:	Student Name:
Department:	Course Title and Number:
Date of Request:	Course Enrollment:

Select One	Credits	Compensation	Average Weekly Hours
_____	3	\$ 1,750	8
_____	2	\$ 1,500	7

I have read and agree to work at the rate and average weekly hours as specified in the table above for sixteen weeks. I understand that my hours can vary from week to week, but the average weekly hours will not be greater than hours stated in the table above.

Approvals	
Faculty Member Name: _____	Date: _____
Department Chair Name: _____	Date: _____
Student Name: _____	Date: _____