GTF WORKLOAD ALLOCATION FORM
DEPARTMENT OF BIOLOGY

GTF AND SUPERVISOR, PLEASE REVIEW: The below time allocation represents approximate times expected for each of the major components of the GTF assignment. Times will need to be adjusted by the GTF as needs dictate. Although the instructor/supervisor will always attempt to avoid making requests of the GTF that would cause the hours worked to exceed the total required hours per quarter, the GTF is expected to inform the instructor/supervisor if the sum of effort asked seems likely to exceed or fall short of the total hours required. It is understood that hours are likely to be distributed so that work in some weeks may be much heavier than in others due to programmatic needs such as when midterms, finals, and other assignments are due. In general, GTFs should notify their supervisors as soon as is practicable during the academic term if they anticipate their total work assignment will exceed their FTE.

A variance or deviation from the below time allocation for each specific work duty does not constitute a violation of this UO-GTFF Collective Bargaining Agreement and may not be grieved. However, A Union representative shall be allowed to attend a meeting between the GTF and the GTF's supervisor for the purpose of reviewing the GTF's workload allocation form to determine whether the GTF's specific work duties will result in the GTF working in excess of the GTF's assigned FTE.

Maximum Hours Per Term By FTE (calculation: FTE x 438= Total Hours per Term):

FTE	Hours	FTE	Hours	FTE	Hours
.09	40	.25	110	.40	175
.10	44	.30	131	.45	197
.20	88	.35	153	.49	215

*All items marked with an asterisk (*) are to be redacted at the time of submission to the department/unit.

GTF*:	**Term*:**
FTE:	**Course, if applicable:**
Assignment (i.e., TA, RA, Sole Instructor, Grader, Other (specify)):	**GTF Supervisor,** if different from Instructor or if Instructor is not applicable*:
Instructor, if applicable*:	

Task/Function	Notes/Description	Hours/Term

Comments:

*Signatures**

GTF* _____   Date* _____

Instructor, if applicable* _____   Date* _____

Supervisor, if not instructor* _____   Date* _____