

**RESPONSIBILITIES OF U. T. DALLAS GRADUATE STUDENT TEACHING ASSISTANTS,
TEACHING ASSOCIATES, AND RESEARCH ASSISTANTS**

SCHOOL _____ AY: _____

DEPARTMENT/PROGRAM _____ Semester(s): ☐ F ☐ Sp ☐ Su

In appointing you to a T.A./R.A. (Graduate Student Teaching Assistant, Teaching Associate, or Graduate Student Research Assistant) position, the School and Department/Program are affirming your potential as an apprentice teacher/researcher and your status as a valued member of the U. T. Dallas community. To assure your understanding of the responsibilities regarding general university policies which your appointment entails, the School and Department/Program wish you to read the following statements and, by your signature below, indicate that you accept those responsibilities.

As a T.A./R.A. in the _____ Department/Program in the School of _____, I understand that:

1. I am a university employee and must comply with the Regents' *Rules and Regulations* and the University's rules, including, but not limited to, those concerning affirmative action, sexual harassment, safety, student privacy, the rights of persons with disabilities, drugs and alcohol in the workplace, academic integrity, and research integrity;
 2. I am a University employee and will comply with all applicable University and U. T. System policies including those related to Intellectual Property, Animal Care and Use, Human Subjects in Research, Confidential Information, and Biosafety.
 3. I understand that all rules, policies and procedures referred to in this document are available for my review in my School Dean's office and Department/Program office and that I take full responsibility for making myself knowledgeable about the content of these rules, policies, and regulations and for complying with their content.
 4. I must perform my T.A./R.A. duties as defined by my supervisor or Department/Program in an ethically responsible manner, treating those with whom I work with respect at all times;
 5. I will comply with the policies of my supervisor(s) and the University with respect to the conduct of classes, laboratories, problem sessions and tutorials. I will address concerns or seek revision or clarification of policies by conferring with the Associate Dean, Department Head, or Dean;
 6. I understand that my attendance is mandatory at University, School, Department/Program, and Office of Research training sessions offered to T.A./R.A.'s throughout the year;
 7. I will conduct my research practices honestly and with a sense of responsibility to my colleagues and the subject matter. I understand that data, laboratory notebooks, computer programs, sample collections and research products and technical information in any form are the property of the University and must be returned to the Principal Investigator/Project Director, Associate Dean, Department Head, or Dean immediately upon request or upon the termination of my appointment;
 8. I will follow safe laboratory practices as demonstrated in program-specific safety training sessions and in the University Safety Manual, and will report all accidents immediately;
 9. I understand that by enrolling as a full-time graduate student, I am accepting a significant academic commitment. I will be required to register for 9 credit hours in each long semester, and each academic credit hour requires significant preparation outside of class (up to 3-4 hours per week per academic credit hour). I will also need to devote additional, substantial time toward my research in order to progress successfully through my graduate program. In addition to these educational responsibilities, I am being paid to work no more than 20 hours per week, either on a teaching support assignment (TA's) or on the aims of the award on which I am being supported (RA's). I acknowledge that my work requirement is 20 hours a week maximum and is separate from my academic activities. I take responsibility for monitoring my work hours and adhering to the maximum hours allowed.
 10. I will accept no outside employment unless it is approved by my Associate Dean or Department Head and Dean.
 11. I acknowledge that I have been informed that I have **31 days from the first day of my initial benefits eligibility date** to enroll in the optional insurance coverage (i.e. voluntary insurance plans and employee medical and dependent coverage) or waive the basic coverage package. To enroll or waive, I must enroll online through [My UT Benefits](#). I understand that failure to enroll online within the 31-day period will result in no voluntary coverage for me and/or my dependents. I understand that I may make subsequent elections during Annual Enrollment in July of each year with a September 1 effective date. I further understand that if I have a qualified status change (i.e. marriage, divorce, birth, FTE% or job change and change in spouse's coverage) I **have 31 days from the date of such change to contact the Office of Human Resources** to make any changes to my coverage. Benefit eligible graduate students (working at least 20 hours per week) may be allowed to waive coverage and receive half of premium sharing amount if they are enrolled in the Student Health Insurance Program with UT Dallas or other employer's group insurance coverage. Contact a Benefits Administrator if you are waiving coverage. I understand that the above statements regarding insurance are not applicable to graduate students working less than 20 hours per week.
- I also acknowledge receipt of the UT Dallas benefits information and the Affordable Care Act Notice from the Office of Human Resources. I further acknowledge and understand that I am eligible to participate in the [UT System voluntary retirement programs](#). I understand that I may enroll online through the [UT Retirement Manager](#) website at any time during the year subject to the payroll processing deadlines posted online.
12. I understand that my failure to comply with any of the above responsibilities may result in the termination of my appointment.

Print Name _____

Signature _____ Date _____

Copies To: Department/Program Office