

AGREEMENT RE CONTACT DAY IN EXCESS OF EIGHT HOURS

This is to confirm that I have reviewed my timetable and voluntarily agree to a contact day which exceeds eight hours, as provided for in article 11.01L1 of the academic collective agreement.

This applies to the following semester/academic year

Semester

Academic Year

Faculty Name (please print)

Signature of faculty member

Date

Please provide to faculty member when timetable is issued and forward signed agreement to the Union Local within seven days.

local237@conestogac.on.ca