

(Mr / Dr / Prof
Ms / Mrs / Miss)

First Name Initial Surname Personnel #

MAILING ADDRESS:

Street Address (Unit#/Apt #) City, Province Postal Code

(_____)_____
Telephone Number

BIRTHDATE:

/ /
dd / mm / yy

SIN (New hires must attach copy of Card)☆

Student #(If applicable)

Male Female

☆ If you do not have a SIN, or you have applied for one at HRDC, your payment can not be processed without attaching a copy of your "Acknowledgement of Application for SIN" to this payment form.

☆ If your SIN begins with 9: ① AND you are not a full-time student - A COPY OF YOUR VALID WORK PERMIT MUST BE ATTACHED
OR ② AND you are a Landed Immigrant - A COPY OF YOUR IMMIGRANT STATUS PAPERS MUST BE ATTACHED

CONDITIONS FOR USE: This is a true employment contract. A true employment contract exists when an employee is paid for hours worked on a specific task for a set period of time. There is no implied mentorship, as with a Research Trainee. The employee may work in a department outside of their own field of study.

Check here if one time only payment

PAYMENT DATA:

Wage Type	Description	Effective (dd/mm/yy)	End (dd/mm/yy)
0140	T4 Income Non-Union Staff & Faculty		
0214	T4 Flat Amount + Hours + Vacation Pay		
0218	T4 Flat Amount + Vacation Pay		
0219	T4 Flat Amount		
0240	USWA Flat Amount + Vacation Pay		
	Total Hours		
	+ 4% Vacation pay		
	Total		

COST ASSIGNMENT DATA:

Cost Center	Fund Center	Fund	Internal Order

APPROVALS:

Signature of Principal Investigator

Date

Signature of Dean, Director or Chair

Date

