

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

_____ *First Name* *Initial* *Surname* *Personnel #*

MAILING ADDRESS

() _____ *Telephone Number* *Street Address (Unit#/Apt #)* *City, Province* *Postal Code*

BIRTHDATE: / /

_____ *SIN (New hires must attach copy of Card)★* *Student #(If applicable)* *dd* / *mm* / *yy* *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**

★ **Signature:** _____ **Date:** _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

For Office Use Only

PAYMENT BY INVOICE Yes (please attach invoices)

STAFF APP'T Yes No

BANK CARD On File Attached

TD1 FORM On File Attached

Special Instructions:

Course Name	Effective Date	End Date	(\$) Stipend Rate
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account #	TOTAL STIPEND	_____
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NOTE: FOR POST DOCS TEACHING, COMPLETE A TA PROFILE FORM AND TA CONTRACT

<input type="checkbox"/> AMENDMENT: please indicate only the line(s) being changed						
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Approved by: _____ Date: _____

SUBMIT TO HUMAN RESOURCE SERVICES
ROOM 157 NORTH BUILDING
FAX(905) 828-5472