University of Toronto Mississauga: Department of Management
Invigilation Application Form

Name & title (i.e. Ms., Dr.)	
Email address	
Mailing Address	
City, Province, Postal Code	

	Primary:	Secondary:
Telephone number(s)		

U of T Student Number	
Social Insurance Number (SIN)*	
	*If your SIN number begins with a "9", a copy of your valid work permit must be attached
Date of Birth	DD / MM / YYYY

Have you been previously employed by the University of Toronto?	Yes_____ No _____
Do you hold, or have you held other TA positions?	Yes_____ No _____
Are you currently registered as a University of Toronto student?	Yes_____ No _____
Are you currently on a TA contract with the university? If yes, where?	
Which program and degree are you presently working toward?	

I certify that the above information is correct.

DD / MM / YYYY

_____

Name (please print)   Signature   Date

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FOR OFFICE USE ONLY:

To be completed by instructor or course designate			
Course Code		Total hours worked	
Date Worked	DD / MM / YYYY	Assistant Invigilator____ OR Invigilator____	
Instructors Name		Signature	

To be completed by administrative office			
Total hours worked = X $ per hour =	$	CC/IO:	
Add: 4% vacation pay =	$	CFC:	
Total salary =	$	GL:	
Approved by		Signature	

Date sent to UTM Human Resources Office: DD / MM / YYYY
Campus-mail [   ]   Fax [   ]   PDF [   ]   In-Person [   ]
Sent by: