

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

First Name Initial Surname Personnel #

MAILING ADDRESS:

(_____)_____
Telephone Number

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

BIRTHDATE:

____ / ____ / ____
dd / mm / yyyy

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.

PAYMENT DATA:

Wage Type	Description	Monthly Amount	Effective (dd/mm/yyyy)	End (dd/mm/yyyy)
0242	T4 Research Assistant			
0510	Undergraduate Research Assistant			
0520	Graduate Research Assistant			
0530	Post Doctoral Research Assistant			
0511	Foreign Undergraduate Research Assistant			
0521	Foreign Graduate Research Assistant			
0531	Post Doctoral Research Assistant			
	+ 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

SUBMIT TO: Human Resource Services Rm 157 North Building
Fax: (905) 828-5472