



Agreement pertaining to method and amount of compensation

NOTE: Employment may not commence before and is conditional upon Financial Services Authorization.
Any forms that are incomplete will be returned to the Department.

Employee/Student Number:	Last Name:	First Name:
SIN :	Date of Birth (DD-MM-YYYY):	Position Number:
Effective Date: ____/____/____ (DD/MM/YYYY)	Preferred Name:	

Demographics: (please print)		
Address:		
City:	Province:	Country (if not Canada):
Postal Code:	Phone Number:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Another Gender
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant (Specify Citizenship) _____		Permit or VISA Expiry Date: (Attach Copy) _____ (DD-MM-YYYY)

Direct Deposit Information (MANDATORY)
Blank void cheque or Bank issued temporary cheque must be attached: No hand written banking accepted

Description of Work:
Teaching Assistant/Marker/Demonstrator

Budget Code:																			
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Courses					
Name of Professor	Course Number	Fall Semester (\$)	Winter Semester (\$)	Spring Session (May-Jun) (\$)	Summer Session (July -Aug) (\$)

I,understand my rate of pay as outlined above includes 4% Vacation Pay.
(signature)

Department Authorization: (Print) Date:
(Signature) Phone Ext:

Financial Services Authorization: Date:.....

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