

## TO BE COMPLETED BY GRANTEE – PLEASE PRINT

SECTION 1 – EMPLOYEE INFORMATION						
Employee I.D.			S.I.N.			
Family Name			Given Names			
Gender	Female	Male	Date of Birth	YYYY/MM/DD		
Address	STREET		APT. CITY	PROVINCE	POSTAL CODE	
Telephone No.		Internal Address		Internal Tel. No.		
Citizenship	Canadian Citizenship		Already on file at HR&ER			
(Mandatory)	Permanent Resident Visa (attach copy)					
	Employment Authorization (attach copy)			Expiry Date	YYYY/MM/DD	

## **SECTION 2 – POSITION INFORMATION AND ACCOUNT CODE** Contract < 12 Months Contract >= 12 Months Research Assistant 66610 Research Assistant 66615 Research Associate 66620 Research Associate 66625 Support - Office 66630 Support - Office 66635 NO1 Support - Professional 66640 Support - Professional 66645 Support - Technical 66650 Support - Technical 66655 Other (specify) Other (specify) **Project Name**

SECTION 3 – PERIOD OF EMPLOYMENT						
Date of Hire	YYYY/MM/DD		Date of Termination		YYYY/MM/DD	
Total Period of Employ	yment	Month(s)	Year(s)			
Contract less than one year Contract		one year or longer	Hour	s per week (mandatory)		

SECTION 4 – SALARY INFORMATION (Benefits, deductions and vacation pay will be cost over and above the salary indicated)						
(Select one choice only)		Annual Salary \$		OR		
		Total Salary for peri	iod stated in Sectior	n 3 \$		
Department				Faculty		
Fund #	Distribution (& or Amt.)	Grantee's Name	Gi	Grantee's Signature		Date
						YYYY/MM/DD
						YYYY/MM/DD
						YYYY/MM/DD
						YYYY / MM / DD
Employee's Signature						YYYY / MM / DD

SECTION 5 – FOR PAYROLL USE ONLY					
Vacation Entitlement	4%	8.8%			

## Please forward a copy to Payroll and one to the Dean's Office and keep a copy for your files