

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

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

MAILING ADDRESS:

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

BIRTHDATE:

_____ / _____ / _____
dd / *mm* / *yy* _____ *Male* _____ *Female*

_____ *SIN (New hires must attach copy of Card) ☆*

_____ *Student # (If applicable)*

☆ 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**

Please circle or answer each of the following:

- Have you been previously employed by U of T? Yes No
- Do you hold, or have you held other TA positions this academic year? Yes No
- Are you currently registered as a University of Toronto student? Yes No
- What program are you currently registered in? Undergraduate Graduate
- Are your studies full time or part time? Full time Part time
- In your current discipline, how many years of f/t graduate studies have you completed? _____
- Which degree are you presently working towards? BA; BSc; MA; MS; PhD or
Other: _____

I certify that the above information is correct.

Signature: _____ **Today's date:** _____

For Office Use Only		Circle one	
	Bank card	On file	Attached
	TD1 form	On file	Attached
	Work Permit	On file	Attached
_____ Once Only _____ Special Instructions		_____	
_____ cc-cfc account numbers	_____ Invigilator	_____ \$	_____ Total # of hours worked
	_____ Position	_____ Rate UG /SGS1/SGSII	
_____ Effective date	_____ End date	_____ Total Hours:	
		_____ @ Rate :	
		_____ Salary =	
		_____ + 4 % vacpay	
		_____ Total:	
_____ Approved by:		_____ Date:	

SUBMIT TO: HUMAN RESOURCE SERVICES, ROOM 157, NORTH BUILDING

FAX: (905) 828-5472