

University of Toronto Mississauga: Department of Management Invigilation Application Form

Name & title (i.e. Ms., Dr.)		
Email address		
Mailing Address		
City, Province, Postal Code		
Telephone number(s)	Primary:	Secondary:
U of T Student Number		
Social Insurance Number (SIN)*		
<small>*If your SIN number begins with a "9", a copy of your valid work permit must be attached</small>		
Date of Birth	<small>DD / MM / YYYY</small>	

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

FOR OFFICE USE ONLY:

To be completed by instructor or course designate			
Course Code		Total hours worked	
Date Worked	<small>DD / MM / YYYY</small>	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: <small>DD / MM / YYYY</small>
Campus-mail [] Fax [] PDF [] In-Person []
Sent by: