

(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:** \_\_\_\_\_

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

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

**FAX: (905) 828-5472**