

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

Firstname Initial Surname Personnel #

MAILING ADDRESS:

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

Telephone Number _____

BIRTHDATE: / /

SIN (New hires must attach copy of Card) ☆ Student # (If applicable). dd / mm / yy Male Female

- ☆ 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

CONDITIONS FOR USE: Work paid on a Research Award Student/Fellows form is not primarily for financial gain, but his/her participation will assist him/her to qualify for a degree or other scholastic recognition in the general field of their research. The Trainee's relationship to the researcher is generally that of student to professor.

Certification: I hereby certify that all the following conditions apply to this "Research Assistant".

Certification: I hereby certify that all the following conditions apply to this "Research Fellow".

- A. The assistant is a registered graduate or undergraduate student.
- B. The assistant's work is not undertaken for financial gain.
- C. The project will assist the recipient in qualifying for a degree or to gain scholastic recognition in the field in which research is being carried on.
- D. The direction given by the faculty member is of a general or consultative nature. AND
- E. The assistant is not required to render any service to the University in connection with the award.

- A. The fellowship is of an award nature on a competitive basis.
- B. The fellow is working for scholastic recognition and not primarily financial gain.
- C. No duties are required for the fellow other than the pursuit of free and independent research in their area of interest. AND
- D. The fellow is not required to work for any of the donors upon completion of the fellowship.

PAYMENT DATA:

Wage Type	Description	Monthly Amount	Effective (dd/mm/yy)	End (dd/mm/yy)
0610	Undergraduate Student			
0620	Graduate Student			
0630	Post Doctoral RT Canadian			
0611	Undergraduate Foreign			
0621	Graduate Foreign			
0631	Post Doctoral RT Foreign			
	Total			

COST ASSIGNMENT DATA:

Cost Center	Fund Center	Fund	Internal Order

APPROVALS:

Faculty Date Signature of Dean, Director or Chair Date

Submit to Human Resource Services
Room 157, North Building
Fax: (905) 828-5472