



CUPE 3902 UNIT #1 CONTRACT INFORMATION SHEET

This form should be submitted to Human Resource Services in accordance with the [Monthly Payroll Schedule](#).

This is an authorization for payment to proceed.

Mr. Ms. Mrs. Miss. Dr. Prof. Misc. Mx.

First & Middle Name (Name on SIN Card)		Known As (Optional)		Last Name (Name on SIN Card)	
SIN		Student No.		Personnel No.	
Street No. and Name New <input type="checkbox"/>		Apt No.	City/Town		Province
Postal Code		Date of Birth (DD/MM/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Telephone New <input type="checkbox"/>	Email Address		Date of Birth (DD/MM/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X

If you are a Canadian Citizen, Permanent Resident, or on a Work Permit, you must include your SIN in the space above. Federal regulations permit only the employment of Canadian Citizens, Permanent Residents or holder of Work Permits. Proof of status will be required.

Canadian Permanent Resident Work Permit

Verification of SIN Card:	<input type="checkbox"/> Returning Employee	Verified by _____
Work Permit (if applicable)	<input type="checkbox"/> Attached	<input type="checkbox"/> On File
Banking Authorization:	<input type="checkbox"/> Attached	<input type="checkbox"/> On File
Current Year TD1 Tax Form:	<input type="checkbox"/> Attached	<input type="checkbox"/> On File
Current Year TD1ON Tax Form:	<input type="checkbox"/> Attached	<input type="checkbox"/> On File
Safety Training Acknowledgement Form:	<input type="checkbox"/> Attached	<input type="checkbox"/> On File

CONTRACT ELEMENTS:

Position Number: _____	Starting Date: _____
<input type="checkbox"/> Teaching Assistant	Ending Date: _____
<input type="checkbox"/> Undergraduate Student	Course & Section: _____
<input type="checkbox"/> Graduate Student	Type of Work: _____
<input type="checkbox"/> SGS I	Reason Code for TA/CI Training: _____
<input type="checkbox"/> SGS II Masters	FIS Number - CC: _____
<input type="checkbox"/> SGS II PhD	CF: _____
<input type="checkbox"/> Postdoctoral Fellows	Order No: _____
<input type="checkbox"/> Invigilator	Fund No: _____
<input type="checkbox"/> Teaching Assistant - Training (SGS II rate)	
<input type="checkbox"/> Course Instructor	
<input type="checkbox"/> Course Instructor - Training (SGS II rate)	

	<u>Monthly</u>	x	<u># Of Months</u>	=	<u>Total for this contract</u>
Hours Worked	_____	x	_____	=	_____
Salary	\$ _____	x	_____	=	\$ _____

Please check if eligible for 6% vacation pay effective _____ **TOTAL SALARY (EXCLUDING Vacation Pay)**

Chair's Name (Please Print)	Telephone No.
Chair's Signature	Date
Forms Prepared By	Discipline/ Department

- **Please forward completed forms and all attachments to payroll.utsc@utoronto.ca**
- Incomplete forms/incorrect information will delay processing.
- For enquiries or questions please email Payroll Services at payroll.utsc@utoronto.ca