



**CUPE 3902 UNIT #3 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		<b>New</b> <input type="checkbox"/>	Apt No.	City/Town	Province	Postal Code
Telephone	<b>New</b> <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: \_\_\_\_\_

**Sessional Lecturer**

- Lecturer I
- Lecturer I-Long Term
- Lecturer II
- Lecturer II-Long Term
- Lecturer III
- Lecturer III-Long Term

**SIA** - Please check  if eligible for 6% vacation pay  
Effective date \_\_\_\_\_

**Writing Centre Instructor**

- Writing Instructor I
- Writing Instructor I -Long Term
- Writing Instructor II
- Writing Instructor II-Long Term
- Writing Instructor II (priority)
- Writing Instructor II (priority)-Long Term

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Course & Section: \_\_\_\_\_

Type of Work: \_\_\_\_\_

FIS Number - CC: \_\_\_\_\_

Order No.: \_\_\_\_\_

CF: \_\_\_\_\_

Fund No.: \_\_\_\_\_

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

**TOTAL SALARY (EXCLUDING Vacation Pay for SIAs & WIs, INCLUDING Vacation Pay for SLs)**

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](mailto:payroll.utsc@utoronto.ca)
- Incomplete forms/incorrect information will delay processing.
- For enquiries or questions please email Payroll Services at [payroll.utsc@utoronto.ca](mailto:payroll.utsc@utoronto.ca)