



FACULTY SETUP/STIPEND PAYMENTS FORM

This form should be submitted to Human Resource Services in accordance with the **Monthly Payroll Schedule** on reverse. 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)		Personnel No.	
Street No. and Name			New <input type="checkbox"/>	Apt No.	City/Town	Province	Postal Code
Telephone	New <input type="checkbox"/>	Email Address			Date of Birth (D/M/Y)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Rank				Area of Specialization			

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

Letter of Offer:	<input type="checkbox"/> Attached	
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

Please check off the type(s) of payment below and fill out the corresponding information.

Type of Payment	Monthly Amount	Total/Annual Amount	Description
<input type="checkbox"/> Salary			FTE:
<input type="checkbox"/> Overload Stipend			Course Code:
<input type="checkbox"/> Admin Stipend			Title:
<input type="checkbox"/> Other Payment			Please specify:
Start Date:		End Date:	

CC	CF	Order No.	Fund No.
Chair's Name (Please Print)		Telephone No.	
Chair's Signature		Date	
Forms Prepared By		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