



**CUPE 3902 UNIT #1 CONTRACT INFORMATION SHEET (WHITE)**

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 Name	Last Name	SIN	Student No.	Personnel No.
Street No. and Name <input type="checkbox"/> New		Apt No.	City/Town	Province
Postal Code		Date of Birth (D/M/Y)		Gender
Telephone (Home) <input type="checkbox"/> New	(Business) <input type="checkbox"/> New	Email Address		

Canadian     Landed Immigrant     VISA (Copy Attached)     VISA (Copy on File)

Federal regulations permit only the employment of Canadian Citizens, Landed Immigrants or holder of employment visas. Proof of status will be required.

Verification of SIN Card:	<input type="checkbox"/> Verified/Checked	<input type="checkbox"/> Initial
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"/> N/A

**CONTRACT ELEMENTS:**

Position Number: _____ <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> SGS I <input type="checkbox"/> SGS II Masters <input type="checkbox"/> SGS II PhD <input type="checkbox"/> Postdoctoral Fellows <input type="checkbox"/> Invigilator <input type="checkbox"/> Assistant Invigilator <input type="checkbox"/> Invigilation - SS <input type="checkbox"/> Course Instructor	Starting Date: _____ Ending Date: _____ Course & Section: _____ Type of Work: _____  FIS Number – CC: _____ CF: _____ Order No: _____ Fund No: _____
---	--

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

**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 Human Resource Services (B526C/D)**
- Incomplete forms/incorrect information will delay processing.
- For enquiries or questions please call Payroll Services at 416-287-7074, 416-208-4704 or 416-208-4731



UNIVERSITY OF  
**TORONTO**  
SCARBOROUGH

**2019 MONTHLY PAYROLL SCHEDULE  
SUBMISSION DEADLINES TO HUMAN RESOURCE SERVICES**

PAY PERIOD #	PAY PERIOD		DEADLINE FOR FORMS TO BE SUBMITTED TO HUMAN RESOURCE SERVICES	PAY DATE
	START DATE	END DATE		
<b>M01</b>	01.01.2019	31.01.2019	<b>11.01.2019</b>	28.01.2019
<b>M02</b>	01.02.2019	28.02.2019	<b>12.02.2019</b>	28.02.2019
<b>M03</b>	01.03.2019	31.03.2019	<b>13.03.2019</b>	28.03.2019
<b>M04</b>	01.04.2019	30.04.2019	<b>11.04.2019</b>	26.04.2019
<b>M05</b>	01.05.2019	31.05.2019	<b>13.05.2019</b>	28.05.2019
<b>M06</b>	01.06.2019	30.06.2019	<b>13.06.2019</b>	28.06.2019
<b>M07</b>	01.07.2019	31.07.2019	<b>11.07.2019</b>	26.07.2019
<b>M08</b>	01.08.2019	31.08.2019	<b>13.08.2019</b>	28.08.2019
<b>M09</b>	01.09.2019	30.09.2019	<b>12.09.2019</b>	27.09.2019
<b>M10</b>	01.10.2019	31.10.2019	<b>10.10.2019</b>	28.10.2019
<b>M11</b>	01.11.2019	30.11.2019	<b>13.11.2019</b>	28.11.2019
<b>M12</b>	01.12.2019	31.12.2019	<b>06.12.2019</b>	20.12.2019
<b>2020/M01</b>	01.01.2020	31.01.2020	<b>13.01.2020</b>	28.01.2020