



MONTHLY SET-UP/CHANGE OF INFORMATION (BLUE)

This form should be submitted to Human Resource Services in accordance with the **Monthly Payroll Schedule**

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

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

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.

Letter of Offer: Attached
 Verification of SIN Card: Verified by _____
 Banking Authorization: Attached On File
 Current Year TD1 Tax Form: Attached On File
 Current Year TD1On Tax Form: Attached On File
 Safety Training Acknowledgement Form: Attached N/A

Starting Date	Ending Date	Type of Work	
CC	CF	Order No.	Fund No.

TYPE OF INCOME:

T4 Income (4% vacation pay will be added)
 Amount: \$ _____ Hourly Monthly Total
 _____ Hours (Mandatory)

T4A Income (No vacation pay will be added)
 Research Fellow Graduate Student
 Research Assistant Undergraduate Student
 Amount: \$ _____ Monthly Total

I hereby certify the following conditions apply to this "Research Fellow":

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

I hereby certify the following conditions apply to this "Research Assistant":

- The assistant is a registered graduate or undergraduate student.
- The assistant's work is not undertaken for financial gain.
- 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.
- The direction given by the faculty member is of a general or consultative nature, AND
- The assistant is not required to render any service to the University in connection with the award.

Supervisor's Name (Please Print)	Telephone No.
Supervisor's Signature	Date
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 416-208-4731 or 416-287-7074



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		
M01	01.01.2019	31.01.2019	11.01.2019	28.01.2019
M02	01.02.2019	28.02.2019	12.02.2019	28.02.2019
M03	01.03.2019	31.03.2019	13.03.2019	28.03.2019
M04	01.04.2019	30.04.2019	11.04.2019	26.04.2019
M05	01.05.2019	31.05.2019	13.05.2019	28.05.2019
M06	01.06.2019	30.06.2019	13.06.2019	28.06.2019
M07	01.07.2019	31.07.2019	11.07.2019	26.07.2019
M08	01.08.2019	31.08.2019	13.08.2019	28.08.2019
M09	01.09.2019	30.09.2019	12.09.2019	27.09.2019
M10	01.10.2019	31.10.2019	10.10.2019	28.10.2019
M11	01.11.2019	30.11.2019	13.11.2019	28.11.2019
M12	01.12.2019	31.12.2019	06.12.2019	20.12.2019

2020/M01	01.01.2020	31.01.2020	13.01.2020	28.01.2020
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Other Employment at the University of Toronto

Department 2	Supervisor's Name	Supervisor's Telephone No.	Pay Period #
Brief Description of Work Performed		Hourly Rate	Expected/Actual Hours

Authority/Approvals: I agree that the above information is an accurate reflection of hours worked during the stated period. In the event that I obtain and concurrently work in another position at the University in the future, I will advise all departments of my employment in the other department(s). If my total combined hours of work may possibly exceed full-time hours as stated in the terms and/or collective agreement governing my employment or 44 hours per week as per the Employment Standards Act of Ontario, whichever comes first, I will be entitled to overtime in accordance with the terms and conditions of my employment. I understand that overtime must be approved in advance by my immediate supervisor(s) or authorized designate, and will be determined in accordance with the terms and conditions of my employment.

Employee's name	Employee's Signature	Date