



EMPLOYMENT FORM FOR HOURLY PAID EMPLOYEES (2011-Oct)

PERSONAL INFORMATION

Social Insurance No. (SIN):		<input type="checkbox"/> Check here if copy has already been provided	
Name:		Email:	
Address:			
City:	Province:	Postal Code:	Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Birth date: (month / day / year)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not specified	

Are you legally entitled to work in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Non residents: Both a copy of valid work or study permit <u>and</u> a copy of valid social insurance card are required.	
Are you a student?	<input type="checkbox"/> U of W <input type="checkbox"/> High School	<input type="checkbox"/> University <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Student #:
Are you employed by any other U of W department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which department (s)?				

EMPLOYEE SIGNATURE REQUIRED BELOW

EMPLOYMENT INFORMATION

Please provide or select appropriate Employment CLASSIFICATION	Step	Rate of Pay (excluding vacation pay)	Start Date	End Date	Account Number(s)
AESES, IUOE, CMP, Other Specify Classification:					
Student Assistant (AESES)					
Research Assistant					
Sr. Research Assistant					
Mentor					
Proctor					
Teaching Assistant (PSAC)					
Marker/Demonstrator (PSAC)					
Tutor (PSAC)					

A copy of your social insurance card is required as a condition of employment. The name that appears on the SIN card <u>must match</u> the name provided on this form.	FOR NEW HIRES OR FOR APPLICABLE CHANGES: Please attach direct deposit banking information, TD1 tax form, copy of valid SIN card and (if required) work or study permit to this form.
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I understand that vacation pay is calculated @ 6% of eligible earnings and paid with each pay. I also certify that the personal information provided above is true and accurate and that I have reviewed and accept the employment terms provided.

Employee Signature: _____ Date: _____

Required information will be provided by email - please make a copy and retain for your records.

Department: _____

Contact Person: _____ (please print clearly) Phone: _____

Authorized Signature: _____ Date: _____

FOR OFFICE USE ONLY					
EMPLOYEE #:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	SYSTEMS ID:		
	<input type="checkbox"/> Rehire - Year Terminated _____				
<input type="checkbox"/> ERCT-2	<input type="checkbox"/> AUTO VAC	<input type="checkbox"/> DUES	<input type="checkbox"/> PAY TAX	Pay Dist _____	