

## EMPLOYMENT FORM for HOURLY PSAC-RC EMPLOYEES

### PERSONAL INFORMATION

Name:			
Address:			
City:	Province:	Postal Code:	Phone:
Are you a student? <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time	<input type="checkbox"/> U of W <input type="checkbox"/> other University  <input type="checkbox"/> High School <input type="checkbox"/> No	Are you employed by any other U of W department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which department (s)?	Student #:

**Electronic Pay Statements** – to reduce the use of paper the University of Winnipeg sends pay statements by email ONLY. Please provide your preferred email address to receive your pay statements.

Email: \_\_\_\_\_

**T4's will be available in your MyHR – for information on registering please see the Human Resource web page.**

### EMPLOYEE SIGNATURE REQUIRED BELOW

### EMPLOYMENT INFORMATION

<b>NEW!</b> Job Posting Number:						
Please provide or select appropriate Employment CLASSIFICATION	Step	Estimated Hours	Rate of Pay <small>(exclude vacation pay)</small>	Start Date	End Date	Award Number(s)
Research Assistant	N/A		15.05			
Senior Research Assistants	N/A		Minimum 18.00			
Research Associate						
Senior Research Associate						

As a University of Winnipeg employee, you are subject to University policies including, but not limited to, the Respectful Working and Learning Environment Policy, Mandatory COVID-19 Vaccination Policy, Workplace Accommodation Policy, Acceptable Use of Information Technology Policy, Sexual Violence Prevention Policy, and Conflict of Interest Policy. By signing this offer, you agree to review and comply with University of Winnipeg policies, which can be found online at <https://www.uwinnipeg.ca/institutional-analysis/policies-and-procedures/index.html> as well as complete any training required pursuant to legislation including, but not limited to the Accessibility for Manitobans Act (AMA)

Employee: 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: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (please print clearly) Phone: \_\_\_\_\_

Authorized Signature and Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Researcher / Faculty member)

**Required information will be provided by email - please make a copy and retain for your records.**  
**In addition to the Hourly Rate and Vacation Pay the account will be charged the Employer share CPP, EI and Payroll Tax**

FOR HRIS and PAYROLL USE ONLY			
	Employee #:	Pay Group:	