

EMPLOYMENT FORM for HOURLY PAID EMPLOYEES

revised Nov 2021

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 our usage of paper The University of Winnipeg sends pay statements by email only. Please provide your preferred email address to receive your pay statements.

Email: _____

EMPLOYEE SIGNATURE REQUIRED BELOW

EMPLOYMENT INFORMATION					
NEW! Job Posting Number (if applicable): _____		_____		_____	
Please provide or select appropriate Employment CLASSIFICATION	Step	Rate of Pay <small>(exclude vacation pay)</small>	Start Date	End Date	Account Number(s)
other AESES, IUOE, or CMP Only Specify the Classification:					
Student Assistant (AESES)					
Mentor					
Proctor					

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)

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: _____ Date: _____

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 #: _____	<input type="checkbox"/> New <input type="checkbox"/> Existing