

(Mr / Dr / Prof
Ms / Mrs / Miss)

First Name

Initial

Surname

Personnel #

MAILING ADDRESS:

()

Telephone Number

Street Address (Unit#/Apt #)

City, Province

Postal Code

BIRTHDATE:

/

/

dd

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mm

/

yy

Male

Female

SIN (New hires must attach copy of Card) ☆

Student # (If applicable)

☆ If you do not have a SIN, or you have applied for one at HRDC, your payment can not be processed without attaching a copy of your "Acknowledgement of Application for SIN" to this payment form.

☆ If your SIN begins with 9: ① AND you are not a full-time student - A COPY OF YOUR VALID WORK PERMIT MUST BE ATTACHED
OR ② AND you are a Landed Immigrant - A COPY OF YOUR IMMIGRANT STATUS PAPERS MUST BE ATTACHED

Please circle or answer each of the following:

- Have you been previously employed by U of T ? Yes No
- Do you hold, or have you held other TA positions this academic year? Yes No
- Are you currently registered as a University of Toronto student? Yes No
- What program are you currently registered in ? Undergraduate Graduate
- Are your studies full time or part time? Full time Part time
- In your current discipline, how many years of f/t graduate studies have you completed ? _____
- Which degree are you presently working towards? BA; BSc; MA; MS; PhD or
Other: _____

I certify that the above information is correct.

Signature: _____ **Today's date:** _____

For MMPA Office Use Only

Circle one

| | | |
|-------------|---------|----------|
| Bank card | On file | Attached |
| TD1 form | On file | Attached |
| Work Permit | On file | Attached |

___Once Only ___Special

Instructions _____

| | | | |
|------------------------|----------------|---------------------|-------------------------|
| cc-cfc account numbers | Invigilator \$ | | |
| | Position | Rate UG /SGS1/SGSII | Total # of hours worked |

Effective date - End date

Total Hours: _____

@ Rate : _____

Salary = _____

+ 4 % vacpay _____

Total: _____

Approved by: _____ Date: _____