

# INFORMATION REQUIRED FOR PAYROLL APPOINTMENTS



**ONTARIO  
AGRICULTURAL COLLEGE**

DEPARTMENT OF ANIMAL BIOSCIENCES

*This personal information will be used to maintain a record of all University employees and students appointed through the University Human Resources Information System and other systems. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection, contact the Secretary of Senate.*

## SECTION A (Incumbent)

**PLEASE PRINT CLEARLY.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ S.I.N.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female Male U of G Student: Yes No

Student/Employee #: \_\_\_\_\_

Choose one (if applicable): Undergraduate Student M.Sc. Candidate Ph.D. Candidate

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

Have you completed a payroll direct deposit authorization form? Yes No

If "No" please provide a void cheque or pre-authorized information from your financial institution.

## SECTION B (Supervisor/Faculty) **PLEASE PRINT CLEARLY.**

Appointment Start Date: \_\_\_\_\_ Appointment End Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Time Reporting: OR Auto-Paid: \_\_\_\_\_ hours / week

\$ \_\_\_\_/hour \$ \_\_\_\_/week \$ \_\_\_\_/year \$ \_\_\_\_/period

Trust Fund: \_\_\_\_\_ OMAFRA Project: \_\_\_\_\_ Dept. Fund: \_\_\_\_\_

Office and/or Lab Room #: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor/Faculty Name (please print): \_\_\_\_\_

Supervisor/Faculty's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Central Login

Direct Deposit

Department Database

Work/Study Permit

Signed Offer Letter

E-Access