



INFORMATION REQUIRED FOR PAYROLL APPOINTMENTS

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
yyyy/mm/dd

Student/Employee #: _____

Choose one (if applicable): Undergraduate Student (semester ___) 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 (Faculty) PLEASE PRINT CLEARLY

Appointment Start Date: _____ Appointment End Date: _____
yyyy/mm/dd yyyy/mm/dd

Position Title: _____

Time Reporting: OR Auto-Paid: _____ hours /week

Rate: \$ _____/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 Dept. Database Work/Study Permit Signed Offer Letter