RYERSON UNIVERSITY

Position and Appointment Requisition

To initiate recruitment for and confirm appointment for FTCE and TERM positions
PLEASE PRINT CLEARLY

☐ New ☐ Revision (For revisions please complete Position Title, Dept, Reports to and Start Date, along with Employee Name, Employee # or SIN #, and any changed information)
Replacement for (name and position # if applicable):

Section 1 - Position Information

Academic:
☐ RFA (Tenure/Tenure Track)
☐ RFA (Librarians & Counsellors)
☐ RFA (LTF)
☐ Acad. Admin - Associate RFA

Administrative:

Affiliation
☐ OPSEU
☐ MAC
☐ Sr. Admin.
☐ CUPE M&T

Assignment Type
☐ FTCE
☐ PYE
☐ Term
☐ Temporary

Position Title:

Position Number:

Department/School:

Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Grade:	Reports to (name and title):

Hours per Week:	Salary Rate (Annual):	Wage Rate (M&T):	Assignment Cost:	Equity Position? (RFA Only) ☐ Yes ☐ No Equity Designation:

Section 2 – Employee Information *(Always provide name and SIN# or Employee#. Complete other sections if new hire or changed information)*

☐ New Hire ☐ Rehire ☐ Promotion ☐ Transfer ☐ Reclassification ☐ Extension ☐ Revision

Hours per Week:	Salary Rate:	Wage Rate (M&T):	Monthly Stipend (RFA):	Monthly Burgeoning Discipline Allowance (RFA):

Prefix: ☐ Mr. ☐ Ms. ☐ Dr. ☐ Other:	Last Name:	First Name:	Middle Name or Initial:

Sex: ☐ F ☐ M	Employee Number:	*Social Insurance Number(SIN):	SIN Expiry Date (if applicable):	Work Permit (copy attached): ☐ Yes ☐ To be supplied

***If SIN# begins with "9" a copy of a valid WORK PERMIT and SIN card must be attached.**

Date of Birth: (**mm/dd/yyyy**):	Home Address (include postal code):
Home Phone Number:	

Other Phone Number:	Mailing (T4) Address *if different from above*:	Transcripts (*Mandatory for RFA*): Original Attached? ☐ Yes ☐ No, to be forwarded

Section 3 – Department/Faculty Authorization

Distribution Code: Split: Effective Date:

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I confirm that this position/appointment is consistent with applicable legislative requirements, Ryerson policies and Collective Agreements, including the Conflict of Interest policy and Employment of Relatives policy.

Department Authorized Signature:_____ Name:_____ Date:_____

Dean/Sr. Director (if required) Name: Date:

Section 4 – Other Authorizations (if required)

Vice Provost Faculty Affairs (all RFA):_____ Name:_____ Date:_____

Financial Services (all RFA):_____ Name:_____ Date:_____
(FUNDS CHECK)

ORS/OIA (if required) Name: Date:

Distribution: After authorization(s) provided and local copies made, forward original to Human Resources **01/08/08**