



# Temporary Student Appointment Form

This form is to be used for student appointments lasting 3 months or greater paid through monthly payroll

Employee ID (if known): \_\_\_\_\_ UW Student ID Number: \_\_\_\_\_

New Appointment

Extension of Existing Appointment

Revision of Existing Appointment

## TYPE OF HIRE

Co-op

Work Placement

Undergrad Teaching Assistant

NSERC (USRA Receptient)

## EMPLOYEE INFORMATION (to be completed by Employee)

First Name(s): _____		Initial(s): _____	Last Name: _____	
Social Insurance Number (SIN): 9 digits	SIN Expiry Date (if begins with '9'): (MM/DD/YYYY)	Permanent Address: (for T4 purposes – Department address not accepted): Street: _____ City: _____		
Date of Birth: (MM/DD/YYYY)		Province: _____	Country: _____	
Gender: Male Female	Marital Status: S M Common Law	Postal Code: _____	E-mail: _____ External E-mail: _____	

**Are you currently employed at UW:** Yes No *If Yes, please list position:*

Current Position: _____	Department: _____	Date(s): _____
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## POSITION INFORMATION (to be completed by Hiring Manager)

Position Title: _____	Department: _____	Org Unit(4 digits): _____	Country Work Location: _____
Start Date:(MM/DD/YYYY)	End Date:(MM/DD/YYYY)	Monthly Salary: _____	Hours worked per week: _____
Reports to: (Name) _____		Reports to: (Employee ID) _____	

**Vacation pay:** 4% vacation pay will be paid in each pay period. If time off is approved by the department it will be unpaid. The department is required to notify Payroll by completing and submitting a Staff Leave of Absence Request Form.

Special Terms or Instructions (note a job description must be attached): \_\_\_\_\_

## APPROVALS/AUTHORIZATIONS

### Hiring Manager:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Extension \_\_\_\_\_

### Funding Source:

Where Account 50210 Salary-Research Assistants is used with Fund 105, a Student Type code is required, otherwise, leave this field blank. Valid Student Types are:

10 Masters Domestic	12 Doctoral Domestic	14 Undergrad Domestic
11 Masters International	13 Doctoral International	15 Undergrad International

ACCOUNT	WORK ORDER	ACTIVITY	STUDENT TYPE	\$ _____ Monthly Amount
Account Authorization (Print) _____	Signature _____	Date: _____		

ACCOUNT	WORK ORDER	ACTIVITY	STUDENT TYPE	\$ _____ Monthly Amount
Account Authorization (Print) _____	Signature _____	Date: _____		

If Research accounts in Fund 105 are being charged, a Research Financial Compliance & Eligibility Stamp is required.

This document is deemed to include all the terms and conditions relating to my employment with the University, notwithstanding any other written or oral representations which may have been made to me. I accept this appointment and the above terms subject to Human Resources approval. I agree to the conditions of employment and policies and procedures at the University of Waterloo as they exist now or as they may be changed from time to time. \*This appointment can be terminated by either party prior to this date with a minimum of one week written notice for a 1 year appointment and a minimum of two weeks written notice for a two year appointment. Salary payments will not be continued beyond this date without further appropriate authorization. (If I am not a Canadian citizen my signature indicates that I am eligible to work under current Canadian Immigration law). NOTE: With EACH AUTHORIZATION the employee must submit Direct Deposit Banking Information and Benefit Information (if applicable) to Human Resources BEFORE being placed on UW monthly payroll. Tax credit forms and Direct Deposit must be submitted through myHRInfo (instructions are found at <https://uwaterloo.ca/human-resources/forms>).

Employee: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Use Only: _____	Signature: _____	Date Entered: _____
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