Toronto Metropolitan University

Research Employee Contract

PLEASE PRINT CLEARLY

◯ New Hire ◯ Rehire ◯ Extension

Section 1 - Position Information

Affiliation and Assignment Type:

◯ Non Union Research Assistant
◯ OPSEU Research Assistant
◯ Work Study RA/Work Study Student
◯ Post-Doctoral Fellow
◯ Research Administrative Support
◯ Research Professional
◯ Research Technical Support

Position Title:

Position Number:

Department/School:

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

Hours per Week:	Wage Rate: ◯ Yearly ◯ Hourly	Grade:	Total Salary & Benefits Cost (Assignment Cost):

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

Employee Number:	Date of Birth: (**mm/dd/yyyy**)	Social Insurance Number(SIN)*:	SIN Expiry Date (**mm/dd/yyyy**) (if applicable):	Work Permit (copy attached): ◯ Yes ◯ No

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

Last Name:	First Name:	Middle Initial:

Home Address (include postal code):	T4 Mailing Address – if different from current (include postal code):

Email:	Phone Number:	Student: ◯ Yes ◯ No	Toronto Met Student: ◯ Yes ◯ No	◯ Undergrad ◯ Masters ◯ PhD	Student Number:

Section 3 –Authorization

Distribution Code: Split: Effective Date:

[___][___ ___][___ ___ ___ ___ ___][___ ___ ___ ___][___ ___ ___ ___ ___ ___ ___ ___][__ __ __] $_____ %_____ _____

[___][___ ___][___ ___ ___ ___ ___][___ ___ ___ ___][___ ___ ___ ___ ___ ___ ___ ___][__ __ __] $_____ %_____ _____

[___][___ ___][___ ___ ___ ___ ___][___ ___ ___ ___][___ ___ ___ ___ ___ ___ ___ ___][__ __ __] $_____ %_____ _____

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.

Supervisor's Signature: _____ Name:_____ Date:_____

Co -Supervisor (if applicable): _____ Name:_____ Date:_____

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

Financial Services (if required) _____ Name:_____ Date:_____