



UTM: WORK STUDY Section 1&3

CONFIDENTIAL

EMPLOYEE INFORMATION FORM

HUMAN RESOURCES
ACADEMIC ANNEX, RM 112

Form with checkboxes for New Hire, Rehire/Extension, Change

SECTION 1 - TO BE COMPLETED BY THE EMPLOYEE

Are you a FULL-TIME UofT student registered in a degree program? Yes No

If yes, what is your expected graduation date:

If you are currently a FULL-TIME UofT student registered in a degree program, and this status changes, please advise your manager.

Work/Study Permit: Yes * No *If you have a work or study permit, you must attach a copy to this form.

* If yes, please provide: Passport # Passport Expiry Date (dd/mm/yy)

Personnel # (blank if new) Student # SIN

Form of Address Mr Ms Other (Specify) Birthdate (dd/mm/yy)

Last Name First Name

Permanent/Official Tax Address Suite/Unit # City Prov. Postal Code

Sessional Address Suite/Unit # City Prov. Postal Code

Phone/Cell # Email

IMPORTANT: For employees working in multiple departments, please provide the information below.

Department 2 Supervisor #2 (Name)

Phone Number #2 Description of Work #2

Department 3 Supervisor #3 (Name)

Phone Number #3 Description of Work #3

Please Note: You will be paid via Direct Deposit. Please attach a void cheque or pre-authorized deposit slip.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Employee's Signature Date Signed

SECTIONS 2 - 3 BELOW TO BE COMPLETED BY MANAGER/SUPERVISOR

2. Financial Information

Hourly Rate \$ Anticipated Weekly Hours Anticipated Monthly Hours

Fund Centre Cost Centre Fund Order

3. Required Documents & Verification

TD - 1 TD - 1 ON Work/Study Permit as applicable Void Cheque/ Deposit Slip Letter of Offer

Manager's Name Manager's Signature Date