## USW Casual Employee Information Form Business Officer 416-978-1843 & Financial Assistant - 416-978-1535

## **Submission Instructions**

Please follow the instructions on the form for submitting.



		Тур	e of Action				-
		□New Hire □	Rehire [	]Change	Effectiv	ve Date	
	SECTIO	ON 1 - TO BE COMP	PLETED E	BY THE E	MPLOYE	E	
Are you a full-time Uof	T student registered in	a degree program?	] Yes	□No	Studer	nt Status:	
If you are currently a fu	ıll-time UofT student re	egistered in a degree <sub>l</sub>	orogram, ai	nd this sta	tus change	es, please a	dvise your manage
If you have a work or study permit, please record the a information, and ensure your manager has seen the ori			it#			t Expiry Date	
Personnel No (blank if new)		Student No.			SIN*	our Office	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Form of Address Optional		Gender		Birthdate (ddmmyy)			
First Name		Permanent/Official Tax Addr	ess				
Last Name	Name			Prov.		Postal Code	
E-mail		Sessional Addres	s				
Phone Number		City			Prov.	Postal Co	ode
IMPORT	ANT: For employees v	working in multiple de	partments,	please pro	ovide the ii	nformation b	elow.
Department 2		S	upervisor #2	2 (Name)			
Phone Number #2	De	escription of Work #2					
Department 3		S	upervisor #3	3 (Name)			
Phone Number #3	Description of Work #3						
	IMPORTANT: Di	rect Deposit/Banking	nformati	ion - attac	h void ch	eque	
	I HEREBY CER	TIFY THAT THE ABO	VE INFOR	MATION	IS CORRE	CT.	
Employee's Signature		Today's	Date				
S	ECTIONS 2 - 4 BEL	OW TO BE COMPL	ETED BY	MANA	GER/SUP	ERVISOR	
2. Position Information	on						
Department	Position Title						
Employee Group		Descripti	on of Work				
3. Financial Informat	ion						
Hourly Rate	A	nticipated Weekly Hour	s	Anticipa		ated Monthly Hours	
Fund Centre	Cost Centr	re	Fund			Order	
4. Required Documer	nts & Verification						
☐ TD - 1	☐ TD - 1 ON	☐ Work/	Study Permi	t Confirme	d		
☐ Void Cheque	☐ First Timeshee	et Offer	of Employn	nent		TA's	Allocation of Hours
Manager's Name		Manager's Signature			To	oday's Date	