



Department of Animal and Poultry Science

INFORMATION REQUIRED FOR PAYROLL APPOINTMENTS

SECTION A (Incumbent)

Social Insurance Number: _____ Employee/Student #: _____

Surname: _____ Given Name: _____ Initials: _____

Dr. Miss Ms. Mrs. Mr. Male Female U of G Student: Yes No

Circle one (if applicable): M.Sc. Candidate Ph.D. Candidate Undergrad (# semesters completed _____)

Date of Birth: (Y/M/D) _____ Marital Status: _____

Local Address: _____

City: _____ Postal Code: _____ Telephone #: _____

Email address: _____

Do you presently hold another appointment elsewhere on campus? Yes No

If yes, have you completed a payroll direct deposit authorization form? Yes No

Please sign and date when you have met with your supervisor to discuss the appointment details below:

Signature: _____ Date: _____

SECTION B (Supervisor)

Start Date: _____ Termination Date: _____

Position Title: _____

Salary: _____ per hour _____ per week _____ per year _____ per period

Part-time (report hours on timesheet): approx. _____ hrs/wk

Temporary full-time (do NOT report hours): automatically paid for _____ hrs/wk

Trust Fund: _____ OMAF Project: _____ Dept Fund: _____

Place of reporting to work: _____ Telephone #: _____

Supervisor Name: (please print) _____

Signature: _____ Date: _____

Notes: