



Temporary Employment Appointment Form (Appointment of 3 months to 2 years)

This form is to be used *ONLY* for appointments lasting 3 months to 2 years paid through the monthly payroll.

Employee ID (if known): _____ UW Student ID Number (if applicable): _____

New Appointment Extension of Existing Appointment Revision of Existing Appointment

TYPE OF HIRE

Temporary Contract Co-op Work Placement Undergrad Teaching Assistant Other: _____

EMPLOYEE INFORMATION (to be completed by Employee)

Given Name(s): _____		Initial(s): _____	Surname: _____	
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: _____		
Date of Birth: (MM/DD/YYYY)		City: _____		
Gender: Male Female	Marital Status: S M Common Law	Province: _____	Country: _____	
		Postal Code: _____	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: _____
Vacation Entitlement & Pay: <ul style="list-style-type: none"> • If less than 1 year: Vacation Pay: 4% vacation pay will be paid in each pay period/Vacation Entitlement: 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. • If 1 year or greater: Vacation Pay: Will be paid during time off per the vacation entitlement./Vacation Entitlement: Time off equivalent to two weeks (10 working days) for each full year of employment (or a prorated amount for a partial year) will be given 			
Special Terms or Instructions (note a job description must be attached): _____ _____			

APPROVALS/AUTHORIZATIONS

Hiring Manager (required if different than authorization below):

Print Name _____	Signature _____	Date _____	Phone Extension _____
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Account Flexfield Authorization:

ORG UNIT	ACTIVITY	FUND	FUND CLASS	PROJECT	OBJECT	PRODUCT	PHASE	\$ _____ MONTHLY AMOUNT
Signature _____								Date _____
Signature _____								Date _____

Note: If any **Fund 105** accounts are being charged, a Research Financial Compliance & Eligibility Stamp is required. If more than two accounts required, please complete the applicable sections of an additional form and attach together

Executive Council: (signature is required if the contract is greater than 4 months and paid from the operating budget)

Print Name _____	Signature _____	Date _____
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*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 TD1 Tax Credit forms, Direct Deposit Banking Information and Benefit Information (if applicable) to Human Resources BEFORE being placed on UW monthly payroll.***

Employee: _____

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