

STUDENT/CASUAL EMPLOYMENT RECORD FORM

Personal Information			
Surname:		ne:	
Permanent Address:		City:	
Province:	Postal Code:	Telephone No:	
Are you a student: Yes	No	If yes, Full-time	Part-time
Trent Student #:		Email Address:	
If not a Trent student, na	me of educat	tional institution:	
Social Insurance Numbe	r:		_
I certify that my status is	Lande Other		s
Income Tax Forms:	Federal Att	tached Provinc	ial Attached
Banking Information:	Attached On File	deposit informati	ed "VOID" or complete direct on provided by your bank must be roll/expense deposits)
Employment Informa	tion		
Start Date:		End Date:	
Job Title:			
Department:		Internal University Address: (if different than Dept)	
Is this a New position previous employees name		ment Position or VIP position #:	If replacement, please indicate
Brief description of work	κ:		
Account(s) to be Charged:		Rate of	Pay Per Hour: \$
		_ is added	n Pay at 4% or 6% (> 5 years service I to each bi-weekly pay) NB: Every pa es an employer paid expense
Authorization	l'	data a di a	
I o view payroll dead. All new employees n	nust complete	dates, please visit w the mandatory train ca/humanresources/	/ww.trentu.ca/humanresources/payro ing. For more information, please visi /new-employees

Supervisor's Signature: Supervisor Name:

Employee Signature:

Updated: May 2020 NB: A new form must be completed for each position.

Date: