



ST. THOMAS MORE COLLEGE

UNIVERSITY OF SASKATCHEWAN

STUDENT ASSISTANT HIRE FORM

*(TO BE COMPLETED BY FACULTY MEMBER/UNIT HEAD/SUPERVISOR AND RETURNED
TO PAYROLL MANAGER UPON COMMENCEMENT OF EMPLOYMENT)*

EMPLOYEE NAME: _____

STUDENT NUMBER/NSID: (both) _____

POSITION TITLE: _____

YEARS OF UNIVERSITY COMPLETED: _____

EMPLOYEE PHONE NUMBER: _____

EMPLOYEE EMAIL ADDRESS: _____

FUND NUMBER: (Research Grants) _____

DATE OF HIRE: _____

RATE OF PAY: (without benefits) _____

HIRED BY: _____

DEPARTMENT: _____

EXPECTED LENGTH OF EMPLOYMENT:

TERM 1 (SEPT - DEC) _____

TERM 2 (JAN - APR) _____

OTHER (please indicate) _____

EMPLOYEE SIGNATURE: _____

AUTHORIZED BY: _____
(Faculty/Staff Signature)

FOR PAYROLL OFFICE USE ONLY:

Date Received: _____

TD1 and TD1SK Included: Yes (____), No (____)

Follow-Up Date: _____



PERSONAL INFORMATION FORM HIRE

INSTRUCTIONS: This form must be completed by the employee upon initial hire into company UOS, RAO or PMT or where the employee has not worked in the current calendar year. A **Personal Information Change Form** should be completed when changes to personal information occur including any changes to Name, Residential Address and Campus Address (e.g. upon hire or rehire, placement, promotion or transfer to a new department), etc. **Please attach the signed original to the Job Information form (JIF) and forward to Human Resources.**

PERSONAL INFORMATION (Please provide full legal name. Record the name and SIN exactly as they appear on the SIN card.)

Surname		First Name		Middle Name 1	Middle Name 2
Middle Name 3	Title: Mr., Mrs., Ms, Dr., etc.		Suffix: JR, SR, CA, QC, OC, etc.		Preferred Name (If different from First Name)
Gender: (Male / Female)	Birth Date (Month, Day, Year)		Social Insurance Number (SIN) Expiry Date: required for all non Canadians & non Permanent Residents.		Student Number

A **Residential Address** must be provided for all hires. A **U of S Business/Campus Mailing Address** must also be provided for all hires, with the exception of casual hires. An **Alternative Address** is optional. The Alternative Address is most often used to designate an address that is only effective for a short period of time within the time span of one of the other addresses provided, or an address to which mail could be sent if undeliverable to either of the other addresses.

NOTE: Name and address information provided will be entered in the University's U-Who contact database. This information is used by departments and administrative units on campus for their business purposes.

RESIDENTIAL Mailing Address

Same as TD1 (Please indicate phone) Expire all previous Residential Addresses.

Telephone/Fax/Email Address

Address Delivery Line: Box or Street				Telephone ()
City / Town	Province / State	Postal / Zip Code	Country	Fax ()
Effective From (Month, Day, Year)	Effective To (Month, Day, Year)			Email

UofS BUSINESS / Campus Mailing Address (Not required for casual hires)

Employee mail will normally be sent to your Campus Address.

* If you do not wish your mail to be sent to your campus address, select which of the following addresses is your preferred address: Residential Alternative

Note: Requests to direct mail to another address will be accommodated where feasible. If you are working in more than one department, mail can only be directed to one Campus Address.

Telephone/Fax/Email Address

Internal Routing Addressee Line 1 (For Campus addresses Enter College, Department or Unit Name here)			Telephone ()
Internal Routing Addressee Line 2 (For Campus Addresses Enter Building Name here)			Fax ()
Effective From (Month, Day, Year)	Effective To (Month, Day, Year)		Email

ALTERNATIVE Mailing Address: Residential Business

Telephone/Fax/Email Address

Internal Routing Addressee Line 1				Telephone ()
Internal Routing Addressee Line 2				Fax ()
Address Delivery Line: Box or Street				Country Code Phone / Fax (f outside North America)
City / Town	Province / State	Postal / Zip Code	Country	Email
Effective From (Month, Day, Year)	Effective To (Month, Day, Year)			

REMARKS:

Employee Signature ***DO NOT USE BLACK INK***

Date

If Employee Signature is not available, the signature below signifies that the above information has been authenticated.

Verified by (Please Print Name)

Signature ***DO NOT USE BLACK INK***

Phone

Date Verified

Date Received:

**St. Thomas More College
Emergency Contact Information Form**

Last name	First Name

Name: _____	Relationship: _____
Phone: _____	
Cell: _____	
Name: _____	Relationship: _____
Phone: _____	
Cell: _____	

Comments- Expanations- Additional Information:

Employee Signature

Please submit this form directly to payroll.

