## 2015-16 NEW EMPLOYEE HIRE REQUEST FORM \*\*NOTCONTRACT\*\*

THE POSITION.

b) c)

- Return the completed form to Marie Schell, BGS 1030
   A CONTRACT will be produced from the information provided below.
   You will receive email notification to review and sign your contract (compensation requirement)

Employee Name:			
Employee Name:	Middle Name	Surname City:	
Address: Postal Code:			
Home Phone: (Area Code: ) Cell Phone: (Area Code: )		Male: Female:	
Social Insurance Number:			
		Year Month Day	
Are you <i>currently</i> an undergraduate st	udent	□ Yes □ No	
Are you <i>currently</i> employed at UWO	0	□ Yes □ No	
Were you <i>previously</i> employed at UW0 Were you a full-time student as of Apri		□ Yes □ No □ Yes □ No	
Are you registered or do you anticipat			
·			
** UWO Employee ID Number	if previou	usly employed at Western.	
Student Number:	Citizenship:		
If not Canadian: Permit Number:		_ Work Permit or Study Permit	
Copy of Permit attached: ☐ Yes ☐ No	)		
Section 2 (To be completed by the	Supervisor) POSITION	I TITLE: Student Assistant	
		Research Assistant	
Appointment and Funding – a	all fields must be	completed	
irst Day of Work:	Last Day of	Last Day of Work:	
Speed Code:	-		
Choose <b>One</b> Onl <u>y</u> :			

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,	rate include 4% vacation pay: al 13 % employment charge, based to your account.)	□ Yes □ No on the salary plus
÷		
Supervisor's Signature	Print Name (supervisor)	Date