

Work Study is open to domestic and international undergraduate and graduate students studying on a full time or part time basis (i.e., registered in at least 1.0 credit continuously from May to August).

FOR THE WORK STUDY STUDENT:

Complete page one (1) of this two (2) page form and give it to your employer. Your employer will complete page two (2) and submit it to Enrolment Services on your behalf. All sections must be complete and submitted as a package or hiring will not be processed.

STUDENT CONTACT INFORMATION

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	U of T Student Number <input style="width: 95%;" type="text"/>
Faculty/College <input style="width: 95%;" type="text"/>	Social Insurance Number <input style="width: 95%;" type="text"/>	Date of Birth (mm/dd/yyyy) <input style="width: 95%;" type="text"/>
U of T Email Address <input style="width: 95%;" type="text"/>	<input type="checkbox"/> I am a President's Scholar of Excellence in my second year of study	<input type="checkbox"/> I am a Lester B. Pearson Scholar in my second year of study

Note: If you are hired, important information will be emailed to your **ACORN email address**.

Have you ever been employed by the University of Toronto?

Yes No

If "Yes", please provide your U of T Personnel Number:

Will you be employed by the University of Toronto in a non-Work Study job in Summer 2019?

Yes No

If "Yes" Please advise your payroll officer of this when setting up your payment. If you are already employed in a monthly-paid position you will continue on a monthly payroll schedule.

STUDENT DECLARATION

- I am registered continuously in at least 40% of a full course load as defined by my college/faculty at the University of Toronto.
- I will promptly notify Enrolment Services if my course load falls below 40% of a full course load and that I will stop working.
- I understand that my course load information will be verified and that if my Declaration is found to be false, my Work Study employment will be terminated immediately and I will be responsible for repaying any Work Study wages paid to me.
- I understand that Work Study earnings must be reported to OSAP and may reduce my OSAP entitlement and/or result in an overpayment affecting future OSAP or financial aid eligibility.
- I understand that I will not be required to work more than 15 hours in any week.
- I understand I can only hold ONE Work Study job per Work Study session.
- I understand that the Summer 2019 Work Study Program runs from the first day of summer classes to August 9, 2019.
- I understand that if I do not submit all of my Work Study time sheets to my employer's payroll officer by August 21, 2019, I may not be paid.

Student's Signature

Date

HIRING SECTION AND EMPLOYER DECLARATION (TO BE COMPLETED BY EMPLOYER)

INSTRUCTIONS TO EMPLOYER:

Complete the Employer information section of this form and give it to your department Business Officer to complete the FIS information for the 30% Employer cost contribution. Forms submitted without funding information will not be processed.

CONFIRMATION OF STUDENT'S EMPLOYMENT INFORMATION

Student Last Name	Student First Name	Student Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Work Study Position Number - from CLN	Work Study Job Title	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Job Location (Campus)	Employment Dates	
<input type="checkbox"/> UTM <input type="checkbox"/> UTSC <input type="checkbox"/> St. George	Start Date: <input style="width: 150px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>

- I understand that I am required to provide appropriate training, supervision and records of the student's performance and hours worked in the event that verification and/or references are requested.
- I understand that if the Student's Declaration is found to be false, his/her employment will be terminated immediately.
- I understand that Work Study wages cannot be used to offset wages paid to unionized employees (e.g., casual staff).
- I understand that it is my responsibility to create an inclusive and accessible work environment including provision of accommodation (e.g. furniture, equipment, flexible hours etc.) should a student disclose a documented disability to Human Resources.

EMPLOYER CONTACT INFORMATION

Employer's Name in Full	Employer's U of T Department Name in full (no Acronyms)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Employer's Telephone Number	Employer's U of T Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
_____ Employer's Signature	_____ Date

FUNDING COMMITMENT (TO BE COMPLETED BY BUSINESS OFFICER)

INSTRUCTIONS TO BUSINESS OFFICER:

Complete the Position Funding and Business Officer Contact information. The FIS information below will be used for the transfer of funds to support your positions (according to the Work Study funding model). Please ensure this information is ACCURATE and LEGIBLE.

My Department will process payroll through HRIS

Scan completed hiring forms and submit by email to workstudy@utoronto.ca by the deadline of June 7, 2019. **Scanned Hiring Forms should not be "grouped"; send each form as an individual file titled according to student number.**

Authorization to debit account for departmental cost contribution - **please note commitment item ONLY if value is EXP-UTFA**

Fund Centre (CFC)	Cost Centre (CC)	OR	Internal Order Number	Fund Number	Commitment Item
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

My Federated College will NOT process payroll through HRIS

INVOICE must be provided at the end of the program with details of the student(s) hired, hours worked and the corresponding 30% Cost Contribution. Send the invoice to Enrolment Services, 172 St. George Street, Toronto, ON, M5R 0A3 (Attn: Work Study). Deadline: August 31, 2019

BUSINESS OFFICER CONTACT INFORMATION

Business Officer's Name in Full	Email Address	Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Payroll Officer (if different from above)	Email Address	Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
_____ Business Officer's Signature	_____ Date	