

RESEARCH ASSISTANTS - SALARY

STUDENT APPROVAL FORM

DATE First Name: Last Name:			FACUTY OF DEPARTMENT				AAU APPROVAL REQUIRED		
		Gran	Grantee Approval Print Name:					Account Number:	
		Print Name:			Dpt.	Program	Project	Natural (Select One)	
Student Number:	Employee Number:	Sign Name:						81330 (Canadian)	
								☐ 81330 (International)	
Total Stipend (Exclusive of statutory benefit cost):):	Start-End Date (MM		/DD/YYYY):			Total Hours of Appoitment:	
First Name:			Grantee Approval					Account Number:	
Last Name:		Print Name:		Fund	Dpt.	Program	Project	Natural (Select One)	
Student Number:	Employee Number:	Sign Name:						81330 (Canadian)	
								☐ 81330 (International)	
Total Stipend (Exclusive of statutory benefit cost):			Start-End Date (MM/DD/YYYY):				Total Hours of Appoitment:		
							No. of the last of		
First Name:			Grantee Approval		Dt	Account Number:			
Last Name:		Print Name:		Fund	Dpt.	Program	Project	Natural (Select One)	
Student Number:	Employee Number:	Sign Name:						81330 (Canadian)	
								81330 (International)	
Total Stipend (Exclusive of statutory benefit cost):			Start-End Date (MM/DD/YYYY):				Total Hours of Appoitment:		
TTENTION: This for	S RECEIVING THE ABOVE SCHO rm should be used only for the earch Assistantship Guideline	ose students who are p	providing services to a	research grant	for the mair	n purpose of ear	rning income.		
Grantee Signature:	ntee Signature:			_ Date:					
•	n this form is considered employme ovided will be assessed approximat	• •	•	•	sation.				
	Plaasa submit f	form to the Payroll Der	artment Any inquirie	s should be dire	octod to tic o	lanartment at r	avroll@uwindso		