

## RESEARCH ASSISTANTS – SALARY

### Student Approval Form

Finance Department

Date

Faculty or Department

A.A.U. Approval

| Surname         | Grantee Approval | Cost Centre | Object    | Total Stipend To Be<br>Paid Exclusive Of<br>Benefits | Start Date –<br>End Date<br>(mm/dd/yyyy) | Total Hours Of<br>Appointment |
|-----------------|------------------|-------------|-----------|--|--|-------------------------------|
| Given Name      |                  |             | 8257/8256 |  |  |                               |
| Student Number  |                  |             |           |  |  |                               |
| Employee Number |                  |             |           |  |  |                               |
|                 |                  |             | 8257      |  |  |                               |
|                 |                  |             | 8256      |  |  |                               |
|                 |                  |             |           |  |  |                               |
|                 |                  |             | 8257      |  |  |                               |
|                 |                  |             | 8256      |  |  |                               |
|                 |                  |             |           |  |  |                               |
|                 |                  |             | 8257      |  |  |                               |
|                 |                  |             | 8256      |  |  |                               |
|                 |                  |             |           |  |  |                               |
|                 |                  |             | 8257      |  |  |                               |
|                 |                  |             | 8256      |  |  |                               |
|                 |                  |             |           |  |  |                               |

**NOTE: ALL STUDENTS ON PAYROLL MUST REPORT TO HUMAN RESOURCES TO PROVIDE REQUIRED DATA.**

**ATTENTION: This form should be used only for those students who are providing services to a research grant for the main purpose of earning income.**

**PLEASE CONSULT THE RESEARCH ASSISTANTSHIP GUIDELINES ON THE GRADUATE STUDIES WEB SITE.**

**I have read the Research Assistantship Guidelines and have determined that salary is the appropriate method of payment.**

**Grantee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Compensation paid from this form is considered employment income. Vacation pay of 4% and holiday pay are included in the compensation.

The cost centre will be assessed approximately an additional 10% employer statutory benefit cost.

**Submit Form To:** Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2137