



RESEARCH ASSISTANTS - SALARY Student Approval Form

Date

Faculty or Department

A.A.U. Approval required

	Surname		Account Number	8257/8256	Total Stipend To Be Paid Exclusive Of Benefits	Start/End Date (mm/dd/yy)	Total Hours Of Appointment
	Given Name						
	Student Number						
	Employee Number						
1	Print			<input type="checkbox"/> 8257			
	Signature						
2	Print			<input type="checkbox"/> 8257			
	Signature						
3	Print			<input type="checkbox"/> 8257			
	Signature						
4	Print			<input type="checkbox"/> 8257			
	Signature						

NOTE: ALL STUDENTS RECEIVING THE ABOVE SCHOLARSHIPS 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