

Part-time Faculty Compensation Calculation Form

Sheridan is an equal opportunity employer and in compliance with the Ontario's Human Rights Code R.S.O. 1990, c.H19 promotes equal treatment with respect to employment without discrimination because of age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, record of offences, sex, or sexual orientation.

PERSONAL DATA

Last Name		Given Name(s)	Preferred Name	
Address		Unit Number	Primary Phone Number	
City	Province	Postal Code	Email Address	
Are you legally authorized to work in Canada? (e.g. work permit holder, Canadian citizen, Canadian permanent resident, etc.)			Yes	No
Have you ever been convicted of a federal criminal offence for which a record suspension (formerly pardon) has not been granted?			Yes	No
Have you worked for Sheridan before?			Yes	No
If so, please indicate your position and dates of employment:				
			Position	Date

COMPENSATION INFORMATION

The information provided below will be used to determine your salary step placement. **Please carefully review these instructions before completing the sections below.**

WHAT KIND OF WORK EXPERIENCE SHOULD BE INCLUDED BELOW?

- ✓ Relevant to what you will be teaching (if you are unsure of relevance, please include the experience)
- ✓ Industry and teaching experience, if applicable*

*For freelance and self-employment experience, please provide an average number of hours per week.

WHAT KIND OF WORK EXPERIENCE SHOULD NOT BE INCLUDED BELOW?

- × Unpaid experience (e.g. volunteer, unpaid internship)
- × Experience that was required in order to graduate from a post-secondary program (e.g. required co-op)

RELEVANT WORK EXPERIENCE (All fields are required for each experience):

	Name of Employer	Position Title	Industry/Field	From (MM/YYYY) Months are <u>required</u>	To (MM/YYYY) Months are <u>required</u>	Full-time (FT) or Part-time (PT)?	If PT, please list average # of hours worked per week
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Did you run out of space? Please use another form to ensure that all of your experience is included.

RELEVANT EDUCATION (All fields are required for each credential):

	Name of Institution*	Type of Credential (e.g. Certificate, BA, MA, PhD, P.Eng, CofQ)	Subject	Credential conferred/ awarded? (Yes or No)	From (MM/ YYYY)	TO (MM/ YYYY)	Official Length of Program (# of years)**
1							
2							
3							
4							
5							

Did you run out of space? Please use another form to ensure that all of your credentials are included.

*Please complete a **free preliminary** Canadian equivalency evaluation for **all** credentials obtained outside of Canada using the following free online tool: <https://applications.wes.org/ca/degree-equivalency-tool/>

**Official length of the program as per the institution, not the number of years it took you to complete the program.

DECLARATION

I certify that the above information is accurate and complete. I understand that falsified information on this form should be considered sufficient cause for dismissal. I also understand that, for academic staff, the above information will be used for the calculation of the initial salary rate and that I am required to produce credentials to substantiate educational qualifications.

Signature*:

Date: