



SFU ID #

CANADA SOCIAL INSURANCE NO.

LAST OR FAMILY NAME

FIRST NAME

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THE DEPARTMENT HAS CONFIRMED THAT THE ABOVE APPOINTEE IS ELIGIBLE TO WORK IN CANADA

HOME ADDRESS

DEPARTMENT

APPOINTMENT START DATE

YEAR	MONTH	DAY
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APPOINTMENT END DATE

YEAR	MONTH	DAY
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INITIAL APPOINTMENT TO THIS POSITION NUMBER

POSITION NUMBER

PAYROLL START DATE

YEAR	MONTH	DAY
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PAYROLL END DATE

YEAR	MONTH	DAY
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REAPPOINTMENT TO SAME POSITION NUMBER OR REVISION TO APPOINTMENT

ASSIGNMENT

COURSE(S)		DESCRIPTION	1x2 HR. LECTURE 1x3 HR. LAB. ETC.	BASE UNITS
DEPT.	NO.			

APPOINTMENT CATEGORY

CONDITIONAL APPOINTMENT UPON ENROLLMENT

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SALARY

BIWEEKLY RATE	\$	<input type="text"/>	<input type="text"/>
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SEMESTER RATE	\$	<input type="text"/>	<input type="text"/>
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THESE RATES INCLUDE 4% VACATION PAY

EFFECTIVE DATE FOR RATE CHANGES		
YEAR	MONTH	DAY

SCHOLARSHIP

(FOR GTA & GTM APPOINTMENTS ONLY)

BIWEEKLY RATE	\$	<input type="text"/>	<input type="text"/>
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SEMESTER RATE	\$	<input type="text"/>	<input type="text"/>
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REMARKS

INSTRUCTIONS

DEPARTMENT:

This form is to be forwarded to Payroll for processing once the employee has confirmed (by email) their acceptance of the offer of employment and upon the approval of the appropriate departmental signing authority.

APPOINTEE:

If this is an initial appointment in the TSSU bargaining unit, then as a condition of employment under the terms of the Collective Agreement you must complete and sign the first two sections of the form entitled "Appendix A to Article IV Dues and Union Membership or Non Membership" and return it with this appointment form.

APPROVAL BY DEPARTMENT

APPROVED BY FACULTY

DATE

DATE

YEAR MONTH DAY

YEAR MONTH DAY

ORIGINAL: DEAN COPY: EMPLOYEE COPY: DEPARTMENT COPY: UNION (IF TSSU APPT) COPY: PAYROLL

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IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION AND USE OF THIS INFORMATION, PLEASE CONTACT THE SIMON FRASER UNIVERSITY PAYROLL SUPERVISOR.

Updated October 2014