

UNIVERSITY OF TORONTO
Department of Molecular Genetics

NAME: SURNAME: _____ **GIVEN NAME(S)** _____

TITLE: MR. MISS MRS. MS. DR. **GENDER:** M
MX MISC F
X

MAILING ADDRESS: _____ **PHONE NUMBER:** _____
STREET _____ APT.# _____ () _____

CITY _____ PROVINCE _____ POSTAL CODE _____
EMAIL: _____

NOTE: T4 INFORMATION SLIPS WILL BE MAILED TO THE ADDRESS ABOVE UNLESS OTHERWISE STATED BELOW:

STREET _____ APT.# _____
CITY _____ PROVINCE _____ POSTAL CODE _____

Check Appropriate Box:

Previously paid by the University of Toronto
 Nationality - Canadian
 Nationality - Other than Canadian
 Permanent Resident of Canada
 International Student

Personnel # (if known) _____
Country of Citizenship _____
Study Permit No. S _____
ATTACH A COPY OF STUDY PERMIT

Birth Date: _____
DAY MONTH YEAR

Social Insurance Number _____
(also required for International student)

University of Toronto Student # _____

To be completed by the Department:
Position no. _____
Wage type _____

DO YOU HAVE AN AWARD? YES NO

IF YOU HAVE AN AWARD PLEASE INDICATE :

TYPE/NAME OF AWARD: _____

AMOUNT OF AWARD _____

SUPERVISOR PAYMENT ACCOUNT INFORMATION (For Office Use Only):

CFC _____ START DATE: _____ END DATE: _____
CC _____
FUND _____ MONTHLY RATE: _____ HOURLY RATE: _____
ACCOUNT NAME: _____

APPROVAL: _____ **DATE:** _____
PRINCIPAL INVESTIGATOR / FACULTY MEMBER / SUPERVISOR

PAYROLL FORMS CANNOT BE PROCESSED WITHOUT THE INFORMATION ABOVE

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