

## STUDENT/CASUAL EMPLOYMENT FORM

Personal Information				
Surname:	First Name:			
Permanent Address:		City:		
Province: P	ostal Code:	Telephone No:		
Are you a student: Yes	No	If yes, Full-time	Part-time	
Trent Student #:		Email Address:		
f not a Trent student, nar	ne of educat	ional institution:		
Social Insurance Number	: <u></u> -	·	-	
I certify that my status is	Lande Other	lian Citizenship Sta d Immigrant Status Please specify: d student employme	3	
Income Tax Forms:	Federal Att	ached Provinci	ial Attached	
Banking Information:	Attached On File	(A cheque marked VOID of complete direct		
Employment Informat	ion			
Start Date:	End Date:			
Job Title:		Campus Location:		
Department:		Internal University Address: (if different than Dept)		
Is this a New position previous employees name/		ment Position or VIP position #:	If replacement, please indicate	
Brief description of work				
Anticipated hours of worl	<b>C</b> :			
Account(s) to be Charged	l:	Rate of Pay Per Hour: \$		
		is added	Pay at 4% or 6% ( > 5 years service) to each bi-weekly pay) NB: Every pay es an employer paid expense	
Authorization				
	ust complete i		ww.trentu.ca/humanresources/payroll. ing. For more information, please visit: inew-emplovees	

**Employee Signature:** Date:

Supervisor's Signature: **Supervisor Name:** 

Updated: June 2025 NB: A new form must be completed for each position.