## **Casual Employee Information Form**



## **Submission Instructions**

Please follow the instructions on the form for submitting.

Revised January 2025

		Type of A	Action	
		_New Hire □Rehire	☐Change E	ffective Date
	SECTION 1 - 7	TO BE COMPLETE	D BY THE EMPL	OYEE
Are you a full-time UofT st	tudent registered in a degre	ee program?  Yes	□ No S	tudent Status:
				nanges, please advise your manage
If you have a work or study perm information, and ensure your ma	nit, please record the applicable nager has seen the original. W	ork/Study Permit #	Pe	ermit Expiry Date
Form of Address Optiona	le le	Student #		Personnel # (blank if new)
First Name		Gender	Birthdate (Y/M/D)	
Last Name		Permanent/Official Tax Address		
Known As		City	Prov	Postal Code
E-mail		Sessional Address		
Phone Number		City	Prov	Postal Code
IMPORTAN	IT: For employees working	in multiple departmer	ts, please provide	the information below.
Department 2		Supervis	or #2 (Name)	
Phone Number #2	Description	on of Work# 2		
Department 3		Supervis	or #3 (Name)	
Phone Number #3	Description	on of Work #3		
	IMPORTANT: Direct De	posit/Banking Inforn	nation - attach vo	id cheque
	I HEREBY CERTIFY TH	HAT THE ABOVE INF	FORMATION IS CO	DRRECT.
Employee's Signature		Today's Date		
SEC	TIONS 2 - 4 BELOW TO	O BE COMPLETED	BY MANAGER/	SUPERVISOR
2. Position Information				
Department	Position Title			
Employee Group		Description of W	/ork	
3. Financial Information	(			
Hourly Rate	Anticipate	d Weekly Hours	Anticipated Monthly Hours	
Fund Centre	Cost Centre	Fur	nd	Order
4. Required Documents	& Verification			
☐ TD - 1	☐ TD - 1 ON	☐ Work/Study F	ermit Confirmed	
☐ Void Cheque	First Timesheet	Offer of Empl	oyment	TA's - Allocation of Hour
Manager's Name	Manag	er's Signature		Today's Date