Ryerson University

Position and Appointment Requisition

To initiate recruitment for and confirm appointment for FTCE and TERM positions

COMPLETED FORMS ARE TO BE SENT TO HUMAN RESOURCES

☐ New Position/Hire ☐ Replacement Hire ☐ Contract Extension

Revisions please complete Position Title, Dept, Reports to and Start Date, along with Employee Name, Employee # or SIN #, and any changed information

Replacement for (name and position # if applicable):

Section 1 - Position Information

Employee Group Type	**Assignment Type**	Position Title:
☐ RFA (Tenure/Tenure Track) ☐ RFA (Librarians & Counsellors) ☐ RFA (LTF) ☐ Acad. Admin – Associate RFA ☐ OPSEU ☐ MAC ☐ Sr. Admin. ☐ CUPE M&T ☐ Post Doc	☐ FTCE ☐ PYE ☐ Term ☐ Temporary	Position Number: Department/School:

Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Grade:	Reports to (name and title):

Hours per Week:	Annual Salary Rate (Excludes benefits):	Wage Rate (M&T):	Assignment Cost:	Equity Position? (RFA Only) ☐ Yes ☐ No Equity Designation: Women

Section 2 – Employee Information *(Always provide name and SIN# or Employee#. Complete other sections if new hire or changed information)*

☐ New Hire ☐ Rehire ☐ Promotion ☐ Transfer ☐ Reclassification ☐ Extension ☐ Revision

Hours per Week:	Salary Rate (Excludes benefits):	Wage Rate (M&T):	Monthly Stipend (RFA):	Monthly Burgeoning Discipline Allowance (RFA):
Prefix: ☐ Mr. ☐ Ms. ☐ Dr.	Last Name:	First Name:		Middle Name or Initial:

Sex: ☐ F ☐ M	Employee Number:	*Social Insurance Number(SIN):	SIN Expiry Date (if applicable):	Work Permit (copy attached): ☐ Yes ☐ To be supplied

***If SIN begins with "9" a copy of a valid WORK PERMIT and SIN card must be attached.**

Date of Birth: (mm/dd/yyyy): Home Phone Number:	Home Address (include postal code):	
Other Phone Number:	Mailing (T4) Address if different from above:	Transcripts (Mandatory for RFA): Original Attached? ☐ Yes ☐ No, to be forwarded

Please note: *Employees transferring from one department to another department will have their CTO balance paid out on the pay corresponding to their transfer.*

Section 3 – Department/Faculty Authorization

Distribution Code:	Split:	Effective Date:
[__][_____][_____][_____][_____][_____][_____]	$_____%_____	_____
[__][_____][_____][_____][_____][_____][_____]	$_____%_____	_____
[__][_____][_____][_____][_____][_____][_____]	$_____%_____	_____

I confirm that this position/appointment is consistent with applicable legislative requirements, Ryerson policies and Collective Agreements, including the Conflict of Interest policy and Employment of Relatives policy.

1st Level of Approval:	Name (print):	Title:	Date:
2nd Level of Approval: *(Dean, Sr. Director, AVP, Vice Provost, VPRI, VPUA)*	Name (print):	Title:	Date:

Section 4 – Authorizations for RFA and Research Accounting

Vice Provost Faculty Affairs (all RFA):	Name:	Date:
Financial Services – Client Services (all RFA):	Name:	Date:
Financial Services – Client Services (Research Accounting):	Name:	Date: