



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 <input type="checkbox"/> RFA (Tenure/Tenure Track) <input type="checkbox"/> RFA (Librarians & Counsellors) <input type="checkbox"/> RFA (LTF) <input type="checkbox"/> Acad. Admin – Associate RFA <input type="checkbox"/> OPSEU <input type="checkbox"/> MAC <input type="checkbox"/> Sr. Admin. <input type="checkbox"/> CUPE M&T <input type="checkbox"/> Post Doc		Assignment Type <input type="checkbox"/> FTCE <input type="checkbox"/> PYE <input type="checkbox"/> Term <input type="checkbox"/> Temporary		Position Title: 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) <input type="checkbox"/> Yes <input type="checkbox"/> No Equity Designation:	

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

<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Reclassification <input type="checkbox"/> Extension <input type="checkbox"/> Revision					
Hours per Week:	Salary Rate (Excludes benefits):	Wage Rate (M&T):	Monthly Stipend (RFA):	Monthly Burgeoning Discipline Allowance (RFA):	
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last Name:	First Name:		Middle Name or Initial:	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Employee Number:	*Social Insurance Number(SIN):	SIN Expiry Date (if applicable):	Work Permit (copy attached): <input type="checkbox"/> Yes <input type="checkbox"/> 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 Address (include postal code):			
Home Phone Number:					
Other Phone Number:		Mailing (T4) Address if different from above:		Transcripts (Mandatory for RFA): Original Attached? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(Dean, Sr. Director, AVP, Vice Provost, VPRI, VPUA)</i>	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: