

USW Casual Employment Details

NAME OF EMPLOYEE:	NAME OF SUPERVISOR:
EMPLOYEE ADDRESS (FOR PAYROLL AND TAX RECEIPTS) APARTMENT/STREET: CITY: PROVINCE: POSTAL CODE:	
IS EMPLOYEE CURRENTLY A REGISTERED FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE STUDENT NUMBER:	HAS EXMPLOYEE PREVIOUSLY WORKED AT UOFT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE U OF T PERSONNEL NUMBER:
EMPLOYMENT START DATE:	EMPLOYMENT END DATE:
DOES THE DEPARTMENT HAVE FUNDING FOR THIS CASUAL POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHY IS THIS CASUAL POSITION REQUIRED? TERMS OF PREVIOUS CONTRACTS: _____	
MAX. HOURS OF WORK PER WEEK:	HOURLY RATE <input type="checkbox"/> MINIMUM RATE (\$15.00) <input type="checkbox"/> DUTIES TO BE ASSESSED BY HR
SCHEDULE: <input type="checkbox"/> You will be provided with a schedule of hours on a weekly basis <input type="checkbox"/> You will be contacted by email/telephone when you are needed to work <input type="checkbox"/> Other. Please describe below. (E.g. Monday, Wednesday, Friday 8:45am to 5:00pm)	
DESCRIPTION OF DUTIES: <ul style="list-style-type: none">•••••• <i>For example: Performs basic office support like stuffing envelopes, organizing files, purging documents, and general office clean up. This is over load work that is under close direction of other staff.</i>	
SUPERVISOR'S SIGNATURE:	
DATE:	