

Department or Service: _____ Classification: _____

Brief description of duties: _____

Duration of engagement: From _____ to _____
YYYY MM DD YYYY MM DD

STUDENT INFORMATION - PLEASE PRINT

Last Name _____ First Name _____ Male Female

Address: No. _____ Street _____ Apt _____

City _____ Postal Code _____

Telephone _____ Date of Birth _____
YYYY / MM / DD

Social Insurance Number**: _____

****ALL students must submit a photocopy of their Social Insurance Number card**
**** Non-residents with a temporary number must attach copies of their Social Insurance Number card and Work Visa**

Email address: _____ Student ID No.: _____

Contact information was provided _____
MM / YYYY

PAYMENT TO STUDENT'S BANK ACCOUNT

Attach a pre-printed void cheque or a direct deposit form from your banking institution
 Banking information was submitted
MM YYYY

Student Signature: _____ Date: _____

Budget Code: _____ - _____ - 00 - 230
 I confirm that the individual indicated above is a **full-time day** student at Dawson. (Article 1-1.22)

Approved by: _____
Signature: Department/Service Manager Printed name Date

Approved by: _____
Human Resources Department Date

Please make a copy for your files and return this form to the Human Resources Department (4B.7)

Updated February 2020

HR Use Only	Entered by:	Verified by:	Pay date:
Student emp. #:	Classification:	Echelon:	Service: