

Payroll Payment Authorization Form for Casual Staff

This form is used to initiate a 'one-time only' payment to casual staff who have not yet received a Social Insurance Number from HRSDC. This form can be used to initiate an employment payment (Regular T4 Employment Payment) or non-employment payment (T4A).

The Payroll Department will only issue payment under exceptional circumstances. The employee must submit their original Social Insurance Number card for review to the department as soon as it is issued by HRSDC. No further payments will be made by the Payroll Department after the initial request.

It will be the Department's responsibility to follow-up with the individual to ensure that the Social Insurance Number card is submitted for verification.

This form must be received by the "*Forms/Changes Deadline to Central Payroll*" date as outlined in the Payroll Schedules at:
<http://www.ams.utoronto.ca/training/hris/payroll.htm>

Personal Data and Home Address:

(Mr / Dr / Prof
Ms / Mrs / Miss)

_____ *First Name* _____ *Initial* _____ *Surname* _____ *Personnel #*

() _____ *Street Address/ (Unit#/Apt #)* _____ *City, Province* _____ *Postal Code*
Telephone Number

BIRTHDATE: / /
 _____ *Province/Country* *dd* / *mm* / *yy* _____ *Male* _____ *Female*

HRIS Data:

1) New Hire: or 2) Returning Employee: Effective Date: _____ First Day Worked: _____

Organizational Assignment: Position Number: _____ Student Number: _____
 Work Contract: K3 – Casual / HERE - PT
 K5 – UofT Student

Employment Authorization Data:

The Employment Authorization Number must be recorded. Employees may not commence work until an employment authorization has been issued.

Employment Authorization Number: _____ Expiry Date: _____

- The payment can not be processed without attaching a copy of the "Acknowledgement of Application for SIN" with this payment form.
- If the individual is not full-time student - A COPY OF VALID WORK PERMIT MUST BE ATTACHED

Payment Data (IT0015)

Wage Type	Payment Amount	Number of Hours	Date of Origin (IT0015)	Assignment Number	Reason Code

Cost Assignment Data:

Cost Center	Fund Center	Fund	Internal Order

Approvals: Department Contact: _____

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Signature of Business Officer/ Telephone Number _____ *Date* _____ *Department/Faculty* _____ *Signature of Dean, Director or Chair* _____ *Date*