

Ontario Work Study Confirmation of Employment Form

Student's Name: _____

Student I.D: _____ Employee#: _____

Please select what applies to you.

Undergraduate International? Yes or No

Graduate International? Yes or No

Student's Declaration:

I certify that the information contained on this form is true and correct. I will maintain a minimum registration of 1.5 credits (or 1.0 credits if registered with SAS) for the term covered by my Work-Study approval. I agree to notify Student Awards, by email, of any change to my study period status during the period covered by this application. I understand that it is an offence to alter or falsify any information contained on this sheet. I further understand that any changes made to the information on this sheet or failure to report changes in my registration status may restrict me from receiving work study in the future and may result in legal action being taken. I also understand that I may not hold more than ONE work study job at a time.

Student Signature

Date

Weekly Appointments: Departments must report the total salary paid during the semester for students on a weekly appointment. Hours reported will include only the hours worked beginning the first class day up to the last day of exams. These dates apply for Graduate students as well. Departments must provide the Awards Office with an hourly wage and the total hours worked. Departments who do not provide this information by the last day of exams will not receive their reimbursement. It is the responsibility of the department to report this information. The awards office will no longer be requesting this information.

Employer Information (Please complete this section in full)

Department Name: _____ Job #: _____ Salary per hour _____

Name of Supervisor _____

Payroll Administrator and Extension _____

Ontario Work Study Confirmation of Employment Form (continued)

Please indicate the expected term of employment. (If there is a change to what is expected, please email the awards office with the updated information.)

Fall and Winter Fall only Winter only Summer only

Salary charged to (reimbursement coding):

Fund	Unit	Grant	Project	Object
				65550

(26 Digit Reimbursement Code)

Signature of Supervisor and Date

Signature of Department Payroll Administrator

This form must be signed by all parties involved and returned to Student Financial Services, via email (awards@uoguelph.ca) as a signed and scanned attachment or to the 3rd Floor, U.C., or by Fax 519-823-9421. Failure to return this form will result in non-reimbursement to the department for hours worked.

Departments will be reimbursed for 75% of the salary, vacation pay and benefit cost to the hire department to a maximum of \$2,300/semester. Please see the work study website for further reimbursement details.

For Office Use Only

Academic Year	Confirm Work Study Period	Entered on spreadsheet
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