Ontario Work Study Confirmation of Employment Form

Student’s Name: __________________________________________________________

Student ID: ___________________________ Employee #: ___________________________

☐ 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 of 1.5 credits (or 1.0 credits if registered with CSD) 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 jobs at a time.

________________________________________  __________________________
Signature of Student                      Date

Employer Information
(Please complete this section in full)

Department: ________________________________

Job #: ______________________________________

☐ Salary per hour: $___________/hour ______

OR

☐ 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.

Please indicate the expected term of employment (if there is no change to what is expected, please email the Awards Office with updated information):

☐ Fall and Winter

☐ Fall only

☐ Winter only

☐ Summer only
Employer Information
Salary charged (reimbursement coding):

_________ _________ _________ _________ 65550
Fund Unit Grant Project Object
(26 Digit Reimbursement Code)

Departments will be reimbursed up to a maximum of $1,105 per semester. Please see the work study website for further reimbursement details.

Name of Supervisor:_____________________________________________________

Signature of Supervisor:__________________________________________________

Date:________________________

Name of Payroll Administrator:_____________________________________________

Extension: X5______________

Signature of Department Payroll Administrator:_______________________________

This form must be signed by all parties and returned to Student Financial Services, 3rd Flr, UC, or by Fax to 519-823-9421. Failure to return this form will result in non-reimbursement to the department for hours worked.

For Financial Aid Office Use Only

Academic Year:__________________________

Confirm Work Study Period:__________________________

Entered on xls:__________________________