FACULTY OF MUSIC

APPOINTMENT NOTICE – INFORMATION REQUIRED

NAME:				_
S.I.N				_
PERMANENT ADDRESS (FOR T-4	PURPOSES)			
STREET ADDRESS:				
CITY:PF	ROVINCE:	POSTAL CODE:		
HOME TELEPHONE:()	E-MAI	L	
LOCAL ADDRESS				
STREET ADDRESS:				
CITY:PF	ROVINCE:	PC	STAL CODE: _	
LOCAL TELEPHONE:()	E-MAIL		
GENDER: O FEMALE O	MALE			
CITIZENSHIP:	BIRTHDAT	E:		
		Day	Month	Year
UWO STUDENT #		Undergrad	O Graduate	O Other
DO YOU HOLD ANOTHER APPOI	NTMENT ON CA	MPUS YES/N	VO	
FOLLOWING FOR OFFICE USE O	<u>NLY</u>			
START DATE:				
JOB TITLE:				
ACCOUNT NO.:				
HOURLY PAY RATE:				
DOES THIS INCLUDE VACATION F	PAY? OYes	No		
SUPERVISORS SIGNATURE:				
CONTRACT LETTER ATTACHED _	(C	Contract not nece	essary for Work S	Study)