

STUDENT EMPLOYEE INFORMATION

THIS FORM IS TO BE COMPLETED BY NIPISSING UNIVERSITY STUDENTS ONLY

IMPORTANT NOTES:

- Students <u>MAY NOT</u> work for more than an average of 10 hours per week for all positions within the University from September to April
- Students should not hold more than <u>ONE</u> position at a time (Note taking, Proctoring and Peer Tutoring are exceptions)

PLEASE NOTE THAT PERSONAL INFORMATION PROVIDED TO NIPISSING UNIVERSITY MAY BE USED FOR THE PURPOSE OF CONFIRMING IDENTIFICATION

To be completed by the Student:

Student Name:	Social Insurance Number:	
Student Number:	Email:	@my.nipissingu.ca
Student Signature:	Position Title:	
Department:	Supervisor Name:	
Do you $\underline{currently}$ hold any other positions on campus? $\square YES \square NO$		
AODA Certificate attached:	•	d this training in the past iled to hrinfo@nipissingu.ca
Health and Safety Certificate attached:	•	d this training in the past iled to hrinfo@nipissingu.ca
Workplace Harassment Training attached:	•	d this training in the past iled to hrinfo@nipissingu.ca
Do you require lab safety or WHMIS Training	g for this position? \Box YE	ES □NO
HUMAN RESOURCES OFFICE USE ONLY:		
Training Verified: AODA EHS OHSA ODEPARTMENT/Cost Centre Number Research Funds? YES NO RA Position will Sthis position a NU Work Position? YES	ith an approved rate of \$_	