



STUDENT EMPLOYEE INFORMATION

THIS FORM IS TO BE COMPLETED BY NIPISSING UNIVERSITY STUDENTS ONLY

IMPORTANT NOTES:

- Students **MAY NOT** work for more than an average of 20 hours per week for all positions within the University from September to April.
- Students **MAY NOT** hold more than **TWO** 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 currently hold any other positions on campus? YES NO

AODA Certificate attached: YES
 NO, I have completed this training in the past
 NO, this will be emailed to hrinfo@nipissingu.ca

Access Forward Certificate attached: YES
 NO, I have completed this training in the past
 NO, this will be emailed to hrinfo@nipissingu.ca

Health and Safety Certificate attached: YES
 NO, I have completed this training in the past
 NO, this will be emailed to hrinfo@nipissingu.ca

Workplace Harassment Training attached: YES
 NO, I have completed this training in the past
 NO, this will be emailed to hrinfo@nipissingu.ca

WHMIS Training Certificate attached: YES
 NO, I have completed this training in the past
 NO, this will be emailed to hrinfo@nipissingu.ca