

**EMPLOYEE TRANSACTION FORM  
POST DOCTORATES,  
RESEARCH ASSOCIATES,  
RESEARCH ASSISTANTS**

Contact Name:	
Originator: Faculty & Department	
Contact Telephone:	
Contact Email:	
Department Tracking:	

**PERSONAL DATA**

Social Insurance Number:	Expiry Date:	Employee ID:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>	Birth Date: (mm/dd/yy)
Surname, First Middle:				Prefix:
Apt Number:	Street Address:			
City:			Province:	
Country:		Postal Code:	Home Telephone: ( )	

*Is this employee a student at York?*  Yes  No *If yes, please provide York Student ID:*

**FOR DIRECT DEPOSIT PLEASE ATTACH A VOID CHEQUE**

**JOB DATA (RECORD # )**

Action:		Reason:			Effective Date:		End Date:	
Job Title:		Affiliation: <input type="checkbox"/> Post Doctorates <input type="checkbox"/> Research Assoc. <input type="checkbox"/> Research Assist.		Working Dept:		Location:		
Annual Rate:		Monthly Rate:		Vacation Rate:		Employee Benefits: (Y/N)		
Account	Fund	Cost Centre	Activity	Time	Location	Percent	Amount	
Account	Fund	Cost Centre	Activity	Time	Location	Percent	Amount	
Account	Fund	Cost Centre	Activity	Time	Location	Percent	Amount	

Department Comments:

**FOR OFFICE (RECORDS/PAYROLL PROCESSING) USE ONLY**

**AUTHORIZATION (USE BLUE INK ONLY)**

Completed By:	Signature:	Date:
Approved By:	Signature:	Date:
Records:	Signature:	Date:
Payroll:	Signature:	Date: