

# HONORARIUM PAYMENT FORM

## Non-York Employees

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"/>	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 #    )

Payment Type <b>Honorarium</b>			Effective Date:	End Date:			
Reason for Payment:			T4A Amount:				
Working Department:			Location:				
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: (Please Print)	Signature:	Contact Telephone:	Date:
Approved By: (Please Print)	Signature:	Contact Telephone:	Date: