



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 10 hours per week for all positions within the University from September to April
- Students should not hold more than **ONE** 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: _____@community.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

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

Do you require lab safety or WHMIS Training for this position? YES NO

HUMAN RESOURCES OFFICE USE ONLY:

Training Verified: AODA EHS OHSA CRC Wage Verified: \$_____ (plus vacation pay)

Department/Cost Centre Number _____

Research Funds? YES NO RA Position with an approved rate of \$_____ per hour

Is this position a NU Work Position? YES NO