



SFU ID #

CANADA SOCIAL INSURANCE NO.  LAST OR FAMILY NAME  FIRST NAME

HOME ADDRESS

DEPARTMENT 
 APPOINTMENT START DATE: YEAR  MONTH  DAY 
 APPOINTMENT END DATE: YEAR  MONTH  DAY

INITIAL APPOINTMENT TO THIS POSITION NUMBER 
 POSITION NUMBER 
 PAYROLL START DATE: YEAR  MONTH  DAY 
 PAYROLL END DATE: YEAR  MONTH  DAY 
 REAPPOINTMENT TO SAME POSITION NUMBER OR REVISION TO APPOINTMENT

**ASSIGNMENT**

DEPT.	COURSE(S)		DESCRIPTION	1x2 HR. LECTURE 1x3 HR. LAB. ETC.		BASE UNITS
	NO.					

APPOINTMENT CATEGORY

**SALARY** BIWEEKLY RATE \$  SEMESTER RATE \$ 
 THESE RATES INCLUDE 4% VACATION PAY EFFECTIVE DATE FOR RATE CHANGES: YEAR  MONTH  DAY

**SCHOLARSHIP** (FOR GTA & GTM APPOINTMENTS ONLY) BIWEEKLY RATE \$  SEMESTER RATE \$

REMARKS

**INSTRUCTIONS TO THE APPOINTEE:** DEADLINE FOR ACCEPTANCE \_\_\_\_\_

- a) This offer of appointment is conditional upon you accepting this appointment by signing and dating this appointment form (see bottom right hand corner box) and returning the signed form to the Dean's Office by the deadline for acceptance above.
- b) If this is an initial appointment in the TSSU bargaining unit, then as a condition of employment under the terms of the Colletive Agreement you must complete and sign the first two sections of the attached form entitled "Appendix A to Article IV Dues and Union Membership or Non Membership" and return it with this appointment form.
- 2. Citizenship** Please complete a) or b) below
  - First appointment in the category.** Please check the box which indicates you status.
    - Canadian citizen
    - Permanent Resident
    - Work or Study Permit\*  \* Please attach copy to this form.
  - Reappointment to this category**
    - Has your citizenship status changed since your last appointment? No  Yes  Explain \_\_\_\_\_
    - If you hold an employment authorization, please attach a copy to this form when you return it.
- N.B.** If you are a student and an employee, and are not a Canadian citizen or permanent resident, you are required to hold a valid work or study permit.
- Please check the box at the top of this form containing the Social Insurance No. If it is empty or incorrect, please provide the correct SIN#.
- If you do not wish to accept this offer of appointment, please advise the department as soon as possible. If you have not accepted this appointment by the deadline shown above, it will be assumed that you have declined the offer of appointment.
 

Appointment conditional upon Enrolment

APPROVAL BY DEPARTMENT <input type="text"/>	APPROVED BY FACULTY <input type="text"/>	ACCEPTED BY APPOINTEE <input type="text"/>
DATE: YEAR <input type="text"/> MONTH <input type="text"/> DAY <input type="text"/>	DATE: YEAR <input type="text"/> MONTH <input type="text"/> DAY <input type="text"/>	DATE: YEAR <input type="text"/> MONTH <input type="text"/> DAY <input type="text"/>

ORIGINAL: DEAN COPY: EMPLOYEE COPY: DEPARTMENT COPY: UNION (IF TSSU APPT) COPY: PAYROLL

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