



DATE

DEPARTMENT NAME

AAU APPROVAL REQUIRED

First Name:		Grantee Approval		Account number				
Last Name:		Print Name:		Fund	Department	Program	Project	Natural (Select One)
Employee Number:	Student Number:	Sign Name:						81330 (Canadian)
								81330 (International)
Total Stipend (Exclusive of statutory benefit cost):				Start Date (MM/DD/YYYY):			Total Hours of Appointment:	
				End Date (MM/DD/YYYY):				

NOTE: ALL STUDENTS RECEIVING THE ABOVE SALARY MUST REPORT TO HUMAN RESOURCES TO PROVIDE REQUIRED DATA

ATTENTION: This form should be used only for those students who are providing services to a research grant for the main purpose of earning income.

I have read the Research Assistantship Guidelines and have determined that salary is the appropriate method of payment.

Grantee Signature

Date

Compensation paid from this form is considered employment income. Vacation pay of 4% and holiday pay are included in the compensation. The account number provided will be assessed approximately an additional 10 % employer statutory benefit cost. **Due to the complexity of processing, students should anticipate a processing time of four (4) weeks.**

Research Finance Approval

Date

Please submit a copy of this form to the RESEARCH FINANCE department at: resfinance@uwindsor.ca