

**UNIVERSITY OF TORONTO**  
**Department of Molecular Genetics**

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**SURNAME:**

**GIVEN NAME:**

**TITLE:** MR. MISS MRS. MS. DR. **GENDER:** M

F

**MAILING ADDRESS:** **PHONE NUMBER:**

STREET APT.#

CITY PROVINCE POSTAL CODE

EMAIL:

**NOTE: T4 INFORMATION SLIPS WILL BE MAILED TO THE ADDRESS ABOVE UNLESS OTHERWISE STATED BELOW:**

STREET APT.#

CITY PROVINCE POSTAL CODE

**Check Appropriate Box:**

Previously paid by the University of Toronto  
Nationality - Canadian  
Nationality - Other than Canadian  
Permanent Resident of Canada  
International Student

Personnel #  
Country of Citizenship

Study Permit No. **F**  
ATTACH A COPY OF STUDY PERMIT

Birth Date: DAY MONTH YEAR

Social Insurance Number  
(also required for International student)

University of Toronto Student #

*To be completed by the Department:*

*Position no.*

*Wage type*

**DEGREE** M.Sc. Ph.D.

**DO YOU HAVE AN AWARD?** YES NO

**IF YOU HAVE AN AWARD PLEASE INDICATE :**

**TYPE/NAME OF AWARD:**

**AMOUNT OF AWARD**

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**PAYMENT ACCOUNT INFORMATION:**

CFC START DATE: END DATE:

CC

FUND MONTHLY RATE: HOURLY RATE:

ACCOUNT NAME:

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINCIPAL INVESTIGATOR / FACULTY MEMBER / SUPERVISOR

**PAYROLL FORMS CANNOT BE PROCESSED WITHOUT THE INFORMATION ABOVE**

Revised September 2014