

## P3D (Multi pay remuneration)

Department	
Distribution ORG	FOR OFFICE USE ONLY
Home ORG	FOR OFFICE USE ONLY
Timesheet ORG	FOR OFFICE USE ONLY

**\*\*\* This form must be filled electronically and submitted by email to medpayroll@uottawa.ca \*\*\***

**Grey areas are reserved for office use only, complete all white areas otherwise form will be returned.**

Employee # / # d'employé (if applicable)	
Last Name / Nom de famille	
First Name / Prénom	
Middle name/ Nom du milieu	
Gender : Male/Homme or Female/Femme	
SIN Number / Numéro d'assurance sociale	
Date of Birth / Date de naissance	
Status / Statu (e.g. Canadian, Perm. Resident, etc.) (if applicable, expiration date / si applicable, date d'expiration)	
Marital Status : single or married	
Preferred language : english or/ou français	
Phone number / No. de téléphone	
permanent address / Adresse permanente	

<b>Type of form / Type de formulaire : EPAF MULTI-PAYS</b>		
Start date/ Date de début		
End date / Date de fin		
Job Title		
Hourly rate <u>without</u> 4% / Taux horaire <u>sans</u> le 4%		
# of hours a week / # d'heures par semaines		

Hours per pay/Heures par paye	0.00	# of pay periods	2	
Per pay amount/Montant versé à chaque paye	\$0.0000			
Work Schedule / Horaire de travail	Mon/Lun	Tue/Mar	Wed/Mer	Thu/Jeu
number of hours per day / nombre d'heures par jour	0			0
FOAP Cost Center / Centre de frais	Fund	Org	Account	Program
			63321	
E-Class	2L			
P-Class	34178			
Pooled Position Number	NR0009-			

Will student/employee be required to work on the Statutory Holidays & non Statutory Holidays (Easter Monday & Civic Holiday) as the University is closed? Yes ( ) No ( )

If working a reduced work week, & hrs fall on a stat or a non stat will they be making up the hrs on another day in that week? Yes ( ) No ( )

### Documents to include with your request

Void check / Chèque annulé	<i>Mandatory for all new employees</i>
Photocopy of SIN card (both sides)	<i>Only for permanent residents and int. students</i>
Copy of Perm. Res. card (both sides)	<i>Only for permanent residents</i>
Copy of work permit / Copie du permis de travail	<i>Only for persons on work permit</i>

<b>COMMENTS</b>

Name of supervisor & phone extension

Date