

# NON-CONTINUING NON-EMPLOYMENT REMUNERATION APPOINTMENT NOTICE

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 PAYMENT IS FOR:                Non-employee                Current Staff Employee                Current Faculty Employee  
 TYPE OF PAYMENT HAS BEEN PREVIOUSLY REVIEWED BY HR CONSULTANT:                YES                NO

**NOTE:** IF PAYMENT IS TO BE MADE TO AN INDIVIDUAL WHO HAS INCORPORATED THEMSELVES AS A BUSINESS, THIS FORM SHOULD NOT BE USED; A PURCHASE ORDER SHOULD BE USED TO MAKE PAYMENT.

EFFECT DATE (YYYY-MM-DD)	FIRST NAME	MIDDLE NAME	LAST NAME	UWO ID NUMBER
BIRTH DATE (YYYY-MM-DD)	GENDER Female                Male		SOCIAL INSURANCE NUMBER	
COUNTRY	ADDRESS			
CITY	PROVINCE	POSTAL CODE		
ACTION HIRE	REASON CODE NCN	DEPARTMENT	DEPT. CODE	

**DESCRIPTION OF APPOINTMENT/WORK (MUST BE COMPLETED)**

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**JOB AND EARNINGS CODES**

Z001(CONSULTANT, CANADIAN RESIDENT)CON	Z012(CONSULTANT, NON-RESIDENT)NCO
Z002(HONORARIUM RECIPIENT, CANADIAN)HON	Z015(HONORARIUM RECIPIENT, NON-RESIDENT)NHN
Z011(OTHER)FSV, SPECIFY: _____	Z025(MEDICINE SWOMEN PRECEPTOR) PRC
Z004(RESEARCH SUBJECT, CANADIAN RESIDENT)RSB	Z019(PAYMENT FOR INDIV. OUTSIDE CANADA)POC
Z005(GUEST LECTURER, CANADIAN RESIDENT) GLS	Z014(GUEST LECTURER, NON-RESIDENT) NGL
Z006(REVIEWER/EXAMINER, CANADIAN RESIDENT)REX	Z017(REVIEWER/EXAMINER, NON-RESIDENT)NRX
Z007(ROYALTY RECIPIENT, CANADIAN RESIDENT)RYC	Z018(ROYALTY RECIPIENT, NON-RESIDENT)NRY
Z008(LIVING ALLOWANCE, CANADIAN RESIDENT) LVC	Z016(LIVING ALLOWANCE, NON-RESIDENT) NLV
Z009(SCHOLAR, CANADIAN RESIDENT) SCH	Z010(AWARD WINNER)PRZ

**SUPPORTING DOCUMENTATION ATTACHED**

**SUPPORTING DOCUMENTATION ON FILE**

JOB STATUS	STD HRS	VACATION	PAY TYPE	RATE TYPE	AMOUNT
TP	1.00	NONE	SALARIED	WEEKLY	\$
ACCOUNT NUMBER 1:		ACCOUNT NUMBER 2:			
		%			%

**COMPLETE FOR NON-RESIDENTS ONLY**

CITIZENSHIP COUNTRY	FOREIGN SOCIAL SECURITY NUMBER	
NUMBER OF DAYS RECIPIENT IN CANADA	TRAVEL EXPENSES (\$Canadian)	COMMENT

<b>PAYROLL USE ONLY</b>	END DATE	ER #
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DEPARTMENT AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_ STAFF/FACULTY RELATIONS \_\_\_\_\_ DATE \_\_\_\_\_  
 FACULTY/UNIT AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_ PAYROLL/RECORDS \_\_\_\_\_ DATE \_\_\_\_\_