Research Positions and GRA Form

Ontario Tech Graduate & Postdoctoral Studies

School of Graduate and Postdoctoral Studies
Ontario Tech University
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gradstudies@ontariotechu.ca

Name: _____ Banner ID _____

Address: _____

Email: _____

For registration and payment of Research Positions (when paid, research positions are considered employment. Select one of the following types below):

☐ Research Assistant   ☐ Research Associate   ☐ Research Technician

Degrees held: ☐ Diploma/Certificate ☐ Bachelors ☐ Master's ☐ PhD ☐ Other _____

Discipline of study: _____

Citizenship (Note: Contact Human Resources immediately, if you are hiring research personnel from a foreign country. No offer can be finalized until Human Resources has been informed of your intent to hire.):

Citizenship: _____ Date of birth: _____ Country of birth: _____

*Current work permit ☐ Yes ☐ No   If yes, expiration _____ Country of residence: _____ Passport number: _____

Start date: _____ End date: _____

Hourly rate of pay: _____ Number of Weeks: _____

Hours per week: _____ Annual Salary _____

Notes:
*For foreign citizens, please attach copy of work/study permit if available.

Total payment is not inclusive of 9% fringe.

Brief description of the research to be undertaken: _____

Special requirements, facilities, resources: _____

For Payment of a Graduate Research Assistantship (scholarship for Ontario Tech University graduate students):
A GRA is intended as financial support for a graduate student performing research. As such, there are no work requirements.

Enter the start and end dates ONLY if they differ from the standard dates:

September 1 - December 31 (fall)
January 1 - April 30 (winter)
May 1 - August 31 (spring).

	Year	Amount		Start date	End date
Fall					
Winter					
Spring			Annual Total:		

Note- payments from tri-agency funds must be in compliance with specific requirements relating to compensation, including whether the recipient is eligible to hold grant funds. For further information consult with RTA.

Budget Holder(s) Information for payment of employment or scholarship:

Faculty Member Name _____ Faculty Member Name _____

Faculty of _____ Faculty of _____

Fund (6 digits)	ORG (4 digits)	Account (5 digits)	$ or %	Fund (6 digits)	ORG (4 digits)	Account (5 digits)	$ or %

Provide details on $ or % to be billed to each account: _____

I hereby agree to abide by Ontario Tech University's Administrative Code, specifically pertaining to academic and research policies and procedures. By signing below, I confirm that there is no conflict of interest between myself and the individual named above.

_____ _____ _____ _____
Faculty Member Signature   Date   Faculty Member Signature   Date

_____ _____ _____ _____
Dean (or Designate)   Date   Human Resources (for foreign personnel only)   Date