**REQUEST TO HIRE FORM**

**Request for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Renewal
2. New Position

Post Doctoral Fellow

NOHFC Internship

Graduate Student: *PhD*  *MSc*

Undergraduate: *Honours Student*

Independent Contractor

Visiting Scientist

Volunteer

CRSP Physician Research Assistant (payment from Physician grant or LEG funds)

CRSP Physician Research Volunteer

TITLE (if not above): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Details of Offer (to be confirmed with HR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salary**:       Yearly Hourly

Permanent Employee  Contract  N/A

If casual, expected hours per week:

**Pension** Yes  No

(not offered to employees on contracts or temporary; non-employees do not qualify)

**Benefits** Yes  No

(3 month probation period for all employees; non-employees do not qualify)

**Vacation** 2wks  or 3wks  or 4wks  ESA

(ESA for all temporary or casual; non-employees do not qualify)

**NOHFC Calculation:**

(weeks x hours/week x hourly rate=       x 90% =       = NOHFC Contribution)

\*NOHFC assistance will be in the form of a conditional grant and will not exceed 90% of a recent graduate's wages to a maximum of $31,500

TBRRI Function Center:      \_\_\_\_\_\_\_\_\_\_\_\_

LU Function Centre:      \_\_\_\_\_\_\_\_\_\_\_\_

Other Source:      \_\_\_\_\_\_\_\_\_\_\_\_

**Status Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: *\_\_\_\_\_\_\_\_* End Date: *\_\_\_\_\_\_\_\_\_*

TBRRI Supervisor: *\_\_\_\_\_\_\_\_\_\_\_\_*

For CRSP Physician related hires indicate PI:      \_\_\_\_\_\_\_\_\_

For CRSP Physician related hires, indicate Dyad Lead:*\_\_\_\_\_\_\_\_*

*Please attached CV for further information.*

**General Requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Orientation:**

**TBRRI**  **TBRHSC**

TBRRI orientation covers Occupational Health & Safety Regulations, and general orientation of facilities. **Supervisors are responsible for training specific to their laboratory. Training records are to be sent to HR for filing.**

Physician Research hires must attend both orientations. **Dyad Lead is responsible for area specific training. CRSP is responsible for study specific training.**

Desk space requirements: Yes No

Computer Requirements:Yes No (If personal computer is being used, must be checked by IT before being plugged into network)

**Approvals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scientist/Manager/Supervisor Signature Date

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COO Signature Date