



**INFORMATION REQUIRED FOR NCNER FORMS**  
(NON-CONTINUING NON-EMPLOYMENT REMUNERATION APPOINTMENT FORM)

**DO YOU CURRENTLY HOLD A POSITION ON CAMPUS**     Y     N

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CITY/PROVINCE: \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL \_\_\_\_\_

S.I.N. # OR INTERNATIONAL EQUIVALENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
                    DAY            MONTH            YEAR

SEX:    MALE \_\_\_\_\_    FEMALE \_\_\_\_\_

TAX WAIVER REQUIRED:     Y     N

REASON FOR PAYMENT: \_\_\_\_\_

AMOUNT: \_\_\_\_\_     CDN     U.S.

DATE OF PERFORMANCE OR CLASS: \_\_\_\_\_

NUMBER OF DAYS HERE: \_\_\_\_\_

TRAVEL EXPENSES: \_\_\_\_\_

**OFFICE USE ONLY**

SPEED CODE/ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_  
UWO REQUESTOR'S SIGNATURE

\_\_\_\_\_  
PRINT SIGNATURE

DATE: \_\_\_\_\_

(Incomplete information will result in payroll delays. If you have questions please see Michelle immediately.)