

Supervisor Signature:

Graduate RAsCOMPENSATION AGREEMENT

Faculty of Law

| *OFFICE USE ONLY | | | | | | | |
|------------------|------------|--|--|--|--|--|--|
| Employee Rcd# | | | | | | | |
| Entered by Date: | YYYY/MM/DD | | | | | | |

| POSITION INFORMATION – To be completed by Faculty Supervisor | | | | | |
|---|--|--|--|--|--|
| Graduate RAs are represented by PSAC Local 901, Unit 1. | | | | | |
| Hourly Rate: May 1, 2022 to April 30, 2023: \$40.73 May 1, 2023 to April 30, 2024: \$41.14 | | | | | |
| Note: 3% in lieu of benefits and 4% vacation pay are added to the hourly rate. | | | | | |
| yment Frequency: Bi-weekly Monthly (This option is only available for Graduate RAs) | | | | | |
| art Date: End Date: | | | | | |
| nding Source: | | | | | |
| pervisor Name: | | | | | |
| | | | | | |

PERSONAL INFORMATION – To be completed by student

| LAST NAME: | FIRST NAME: | | DATE OF BIRTH (MMM/DD/YYYY): | |
|--------------------------|-------------|-----------------------|--|--|
| EMAIL ADDRESS | | | YEAR OF GRADUATION (If applicable): | |
| STUDENT/EE NUMBER: | | been paid by Que | en's University in the past 12 months: | |
| SOCIAL INSURANCE NUMBER: | | SIN EXPIRY DATE (If S | SIN starts with a '9'): | |
| PERMANENT ADDRESS: | , | | | |

VACCINATION INFORMATION

Prior to May 1, 2022, the University required all students, faculty, staff, and visitors (including contractors) to declare their COVID-19 vaccination status and provide proof that they were fully vaccinated or had an approved accommodation to engage in in-person University activities. These requirements were suspended effective May 1, 2022, but the University may reinstate them at any point. By signing your offer of employment to indicate acceptance, you acknowledge that (i) disclosing your vaccination status using the University's declaration tool, and/or (ii) providing proof that you are fully vaccinated, may once again become mandatory. You also acknowledge, as a condition of your employment, that if either or both conditions become mandatory, you will comply with them. Failure to comply may result in disciplinary action, up to and including termination of employment.

MANDATORY TRAINING

| All Queen's employees are required to complete the mandatory training outlined below within <u>two weeks</u> of the appointment start date. RAs will be paid up to a maximum of 5.5 hours for this training, if it has not already been completed. Training modules can be found at the links below and accessed using an Employee NetID. If you do not have an Employee NetID, please visit the Law Casual Staff at https://law.queensu.ca/queenslawportal/new-casual-staff-info to find out how to get one. Once the training is complete, please advise Law HR via e-mail at hr.law@queensu.ca . | | | | | | |
|---|--|--|--|--|--|--|
| Health and Safety Awareness Training: 1.5 hours http://www.safety.queensu.ca/orient.htm | | | | | | |
| Accessibility for Ontarians with Disabilities Act (AODA) Training: 4 hours http://www.queensu.ca/hreo/education Modules to be completed are: Accessible Customer Service, Access Forward and, Human Rights 101 | | | | | | |
| Have you already completed the above-mentioned training modules? | | | | | | |
| Yes No, I will complete these training modules within the next two weeks. | | | | | | |
| FORMS, HOURS OF WORK AND STATUTORY HOLIDAYS | | | | | | |
| Appendix C – Research Assistant Form needs to be completed. | | | | | | |

New and returning employees (unpaid for more than 12 months) are required to provide banking information through MyHR Self Service by logging into your account via http://myqueensu.ca using your employee netid@queensu.ca. Federal and Provincial tax forms must also be completed and submitted. Forms and further information can be found at https://law.queensu.ca/queenslawportal/new-casual-staff-info.

Graduate RAs are to work no more than an average of 10 hours per week.

Authorizing Signature: ______

Permission is required in ADVANCE from a supervisor to work on statutory holidays (Labour Day, Thanksgiving, Christmas Day, Boxing Day, New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day and the Civic Holiday).

SIGNATURE:

| My signature below confirms that I have read, understand and agree to the above terms and that the information I have provided on this form is complete and accurate. | | | | | | | |
|---|-------|-------|-------------|--------|-------|--|--|
| Signature: | | | Date: | | | | |
| FACULTY OF LAW USE ONLY | | | | | | | |
| JOB CODE: | | | COMBO CODE: | | | | |
| FUND: | DEPT: | ACCT: | PRGM: | CLASS: | PROJ: | | |

Last Updated: January 2023