



**Department of Human Resources**  
**Authorization to Pay Research Assistants**

**INSTRUCTIONS**

Departments are required to **send two signed copies** to the Manager Fund Accounting, the Business Office. Researchers serve the role as 'employers' and therefore are required to pay the employer portion of Canada Pension (CPP) and Employment Insurance (EI) as legislated by Canada Customs and Revenue Agency. They also need to have workers compensation for their employees as per the Nova Scotia Labour Code.

The University estimates that CPP, EI, WCB will represent approximately 12% of the salary figure. If required, an exact amount can be obtained by contacting Human Resources. Nova Scotia Labour Code also requires Researchers to pay vacation pay, on this form this amount needs to be included below in the rate per hour.

**AUTHORIZATION**

I accept that the employer's charges for benefits and vacation pay (approximately 12% of the gross salary cost) will be charged to my grant account. Furthermore, I have ensured that the grant budget has sufficient funds to cover this expense.

\_\_\_\_\_  
 Name of Research Grant Holder (Please Print)

\_\_\_\_\_  
 Date  
 YYYY/MM/DD

\_\_\_\_\_  
 Signature of Research Grant Holder

I acknowledge the below salary includes all payments including pay and statutory holiday pay

\_\_\_\_\_  
 Employee Name (in Full, Please print)

\_\_\_\_\_  
 Date  
 YYYY/MM/DD

\_\_\_\_\_  
 Signature of Research Assistant

Payment to Research Assistant (RA) approved.

\_\_\_\_\_  
 Signature of Manager Fund Accounting

\_\_\_\_\_  
 Date  
 YYYY/MM/DD

**RESEARCH GRANT INFORMATION**

Authorization to: Pay Stop Pay Authorization Date: \_\_\_\_\_  
 YYYY/MM/DD

Department: \_\_\_\_\_

Is the RA a current student: Yes No Program Currently Enrolled in: \_\_\_\_\_

RA's SIN: \_\_\_\_\_ RA's Student Number: \_\_\_\_\_ RA's Username: \_\_\_\_\_  
 (if applicable) (if applicable)

**PAYMENT INFORMATION**

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_  
 YYYY/MM/DD YYYY/MM/DD

Primary GL Account Number: \_\_\_\_\_ Primary Percentage: \_\_\_\_\_

Secondary GL Account Number: \_\_\_\_\_ Secondary Percentage: \_\_\_\_\_  
 (If Required)

Total Amount to be Paid (A) to RA: \_\_\_\_\_ Total Amount to be Charged to GL Account (A\*1.12): \_\_\_\_\_

Payment Method: Salary Hourly Average number of hours per week: \_\_\_\_\_ Rate per Hour: \_\_\_\_\_  
 (This is required for Record Of Employment) (include vacation pay)

If method is hourly, the TSONline fields must be completed. Student Number is required for all hourly paid students in order to access TSONline & a computer account is required for all staff to complete TSONline

**TSONLINE**

Will the RA be entering time themselves? Yes No \*Time sheets must be submitted to payroll as per the pay schedule on the HR web site

Person who will be AUTHORIZED to sign time sheets for TSONline: \_\_\_\_\_

Alternative person who will be AUTHORIZED to sign time sheets for TSONline: \_\_\_\_\_