

Graduate Student Forms For PI/Managers

Please note that as the pandemic continues, there may be restrictions regarding access to certain areas. The PI and research personnel must stay informed if your volunteer/visitor is allowed to be onsite or only in certain areas.

See the microsite link below for updates:

<https://covid.unityhealth.to/research/clinical-community-research/>



Research Training Centre

Access I.D. Card Request

Please print clearly

Last Name				
First Name				
Department Name				
Job Title				
Phone Number				
Start Date				
End Date (if applicable)				
Area(s) of access (Manager or designate must initial each entry)	Area Name	Floor	Wing	Initial
Department Manager Name (Print)				
Department Manager Signature				

For Office use only

Access Card Number	
PIN Number (if required)	
Barcode Number	
Manager Fire Safety / Security Name	
Manager Fire Safety / Security Signature	

APPENDIX A

If the graduate student is being paid from a St. Michael's Accounting Unit/Activity Number(s) then please copy the fields/subject line below, and paste into an email and complete the fields.

The email must be sent from the PI (or from a designate with PI approval already obtained in the email) to the Investigator's Research Financial Analyst (RFA) for approval. The RFA will then check Accounting Unit/Activity Number and, if approved, send approval to the Research Training Centre (RTC).

By submitting the below information via email this replaces the Investigator's signature and indicates approval of the engagement and funding terms.

Copy and Paste below template into the body of the email when submitting to ORAResearch@smh.ca

Email Subject Line: PI Name - Student Name - Approval for Paid T4A Research Student

Investigator Name & Ext:

Investigator Department:

Program Manager Name & Ext (if applicable):

Name of Student:

Position: T4A Research Student

Start Date:

End Date:

Term Stipend: \$

Company/Accounting Unit/Activity Numbers & Percent (the stipend can be distributed up to 4 Account/Activity Numbers – example:

Example: 2-61-12121-12121-100%)

- 1.
- 2.
- 3.
- 4.

Do all the activities listed above belong to you?

If no, indicate who they belong to:

*Note: All PI's who own any of the abovementioned cost centre(s) must be copied in the request for RFA approval.

Is the Research Student Currently at St. Michael?

Is the Research Student a family member* of the supervisor (or the individual responsible for the decision to engage this incumbent)?

Is the Research Student affiliated with an organization in which the supervisor or the supervisor's family member* has a financial or ownership interest?

*Family Member includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild or other close relation. For the purpose of this policy (i.e., Research Conflicts of Interest), a family relationship includes biological relationships, adoptive relationships, relationships created through marriage and other relationships in which care-giving or dependency exists. Please note that if you check "Yes", before this hire can be processed this information will be forwarded to the Office of Research Administration for review under the Research Conflicts of Interest Policy.