

Graduate Student Forms For PI/Managers



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)	
Department Manager Name (Print)	
Department Manager Signature	

Please go to the site below for access to physical spaces at Unity Health
www.rfbms.com/access

APPENDIX A

If the graduate student is being paid from a St. Michael's Accounting Unit/Project 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/Project 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:

Email Address of Student:

Position: T4A Research Student

Start Date:

End Date:

Term Stipend: \$

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

Example: 2-61-121212-121212-100%)

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

Do all the project numbers 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.