

# Department of Pediatrics Recruit and Position form

Please complete the survey below. Before you begin there are a few key things you will need to know or have on hand:

1. Your new hire's CV/resume
2. A description of the job posting
3. The financial details of where the funding is coming from

You may wish to download a copy of this survey and review its content before you begin

Thank you!

Today's date

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Name of person completing form

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Hiring Supervisor's first name

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Hiring Supervisor's last name

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What type of role is this position? (please choose one response option ONLY)

- ☐ Work study Spring/Summer
- ☐ Work study Fall/Winter (Max 10 hrs per week)
- ☐ Interim (Temp/casual) - hourly
- ☐ Interim - per subject recruitment

Rate per subject/piece work e.g. transcription, focus group. Format is xx.xx. No dollar sign required.  
(Please discuss rate per subject calculation with Liz Fonseca at [fonseca@mcmaster.ca](mailto:fonseca@mcmaster.ca) and Elise Gallant [gallante@mcmaster.ca](mailto:gallante@mcmaster.ca).)

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How many work study positions would you like to hire for this position?

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Please provide the title of this position

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Site/Building where the individual will be working

- ☐ HSC-MUMC
- ☐ MAC-OFF SITE
- ☐ MAC-CAMPUS
- ☐ MAC-IAHS
- ☐ MAC-MDCL
- ☐ MAC-RJCHC

If you chose either MAC-OFF SITE or MAC-CAMPUS location please provide more details

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Mailbox location for new hire

- ☐ 37-2H26 -HSC 2H26
- ☐ 37-3A - HSC 3A
- ☐ 37-3N11 -HSC 3N11
- ☐ 37-3N27 - HSC 3N27
- ☐ 37-4F -HSC 4F
- ☐ 48-408 -IAHS 408

Would you like this position posted on the Working at McMaster webpage or do you have a candidate chosen ?  
Important note: Work study positions are often posted.

- ☐ Yes please post this position  
☐ No candidate is already chosen

All positions require a brief job description. Please include a range of pay (minimum wage starts at \$11.25 per hour).

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## A. New Hire information (if not posting)

**In this section you will be required to provide personal information about your chosen candidate:**

- 1. First and last name**
- 2. Place of residence address**
- 3. Email address**

**If you do not know this information please save your survey and return once you have all the required information**

New hire's first name \_\_\_\_\_

New hire's last name \_\_\_\_\_

New hire's email address \_\_\_\_\_

New hire complete place of residence address.  
Please ensure you include: House or unit # Street  
name City Province Postal code  
\_\_\_\_\_

McMaster employee number or student number. (Please ask if they have been previously employed or were a student at McMaster)  
\_\_\_\_\_

Please upload the new hire's CV

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## B. Employment information

Please provide the exact rate of pay. Minimum wage starts at \$11.25. The format is xx.xx i.e. no dollar signs are required  
\_\_\_\_\_

- Hours person will work daily ( if the hours are a set schedule). If there is not a set schedule please choose '0'
- ☐ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10  
☐ 11  
☐ 12

Please enter the total number of hours per week  
Please take note >44 hours a week is considered  
overtime and that Work Study Fall/Winter hires cannot  
work >10 hours a week

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
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- ☐ 32
- ☐ 33
- ☐ 34
- ☐ 35
- ☐ 36
- ☐ 37
- ☐ 38
- ☐ 39
- ☐ 40
- ☐ 41
- ☐ 42
- ☐ 43
- ☐ 44

Days of the week to be worked

- ☐ No set schedule
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Will this person be working outside typical work  
hours of Monday to Friday 8:30 - 4:30

- ☐ Yes
- ☐ No

Please provide the details of the working hours, and  
if weekends may be included.

\_\_\_\_\_

Contract start date

\_\_\_\_\_  
(The start date MUST be no less than 2 weeks from  
today)

Contract end date

\_\_\_\_\_  
(Contract may not exceed 52 weeks)

Length of contract in weeks

(Number of week's cannot exceed 52)

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### C. Accounting details

**The chart string (financial details) are required before this person can be hired. You will need to provide a salary chart string for their salary to be charged to and a benefit chart string for their benefits to be charged to. If the salary is being shared between projects/programs you must know the project/program numbers and the percentage for each. Salary and fringe benefits will be charged based on this information.**

**Salary chart string (Business Unit + Fund + Dept + Project/Program )**

**Benefit chart string (Business Unit + Fund + Dept + Project/Program )**

**If you do not have this information please save your survey and return to it once you have these details.**

Choose the Salary Business Unit The default value is MAC01.

- ☐ MAC01 (Default)
- ☐ EXHAP (Please speak to Elise before choosing)
- ☐ EXPER (Please speak to Elise before choosing)

Choose the Salary Fund [ 2 digits]

- ☐ 85
- ☐ 80
- ☐ 78
- ☐ 72
- ☐ 45
- ☐ 20

Choose the Salary Account

- ☐ 541001 - Interim/temp salary
- ☐ 541008 - Work Study salary

Enter the Salary Department code The default value will typically be 10177 for pediatrics

\_\_\_\_\_

Choose the Benefit Business Unit. The default value is MAC01.

- ☐ MAC01
- ☐ EXHAP (Please speak to Elise before choosing)
- ☐ EXPER (Please speak to Elise before choosing)

Choose the Benefit Fund [ 2 digits]

- ☐ 85
- ☐ 80
- ☐ 78
- ☐ 72
- ☐ 45
- ☐ 20

Choose the Benefit Account

- ☐ 551001 - Interim/temp benefits
- ☐ 551008 - Work study benefits

Choose the Benefit Department code The default value will typically be 10177 for pediatrics

\_\_\_\_\_

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**Percentage of Allocation by Project or Program Number**

Will this person's salary and benefits be allocated from a single project/program (100%) or split between more than one?

- ☐ 100% of the funding will come from a single project/program  
☐ Funding will be split between more than one project/program

Please enter the 8 digit project or 5 digit program number to be charged for salary

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Please enter the 8 digit project or 5 digit program number to be charged for benefits

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1 - First 8 digit project or 5 digit program number to be charged for salary

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1 - Choose the Salary Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

1 - Percentage of salary to be charged

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1 - First 8 digit project or 5 digit program number to be charged for benefits

---

1 - Choose the Benefit Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

1 - Percentage of benefits to be charged

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2 - Second 8 digit project or 5 digit program number to be charged for salary (if applicable)

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2 - Choose the Salary Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

2 - Percentage of salary to be charged

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2 - Second 8 digit project or 5 digit program number to be charged for benefits (if applicable)

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2 - Choose the Benefit Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

2 - Percentage of benefits to be charged

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3 - Third 8 digit project or 5 digit program number to be charged for salary (if applicable)

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3 - Choose the Salary Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

3 - Percentage of salary to be charged

\_\_\_\_\_

3 - Third 8 digit project or 5 digit program number  
to be charged for benefits (if applicable)

\_\_\_\_\_

3 - Choose the Benefit Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

3 - Percentage of benefits to be charged

\_\_\_\_\_

4 - Fourth 8 digit project or 5 digit program number  
to be charged for salary (if applicable)

\_\_\_\_\_

4- Choose the Salary Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

4 - Percentage of salary to be charged

\_\_\_\_\_

4 - Fourth 8 digit project or 5 digit program number  
to be charged for benefits (if applicable)

\_\_\_\_\_

4 - Choose the Benefit Fund [2 digits]

- ☐ 85  
☐ 80  
☐ 78  
☐ 72  
☐ 45  
☐ 20

4 - Percentage of benefits to be charged

\_\_\_\_\_

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#### D. Budget information

**Please review and confirm funds are available to support this hire. if you have any questions  
please contact the appropriate department accounting support person.**

Cost of 1 new hire Rate of pay x number of hours per  
week \* number of weeks

\_\_\_\_\_

Cost of benefits at 14%

\_\_\_\_\_

Total cost of contract

\_\_\_\_\_

Submit

- ☐ Yes  
☐ No

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**For OFFICE USE ONLY**

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This survey is complete

- ☐ Yes  
☐ No

I verify that this position can be financially supported by the project (s) or program (s) listed.

- ☐ Yes  
☐ No, there is insufficient funds

Verifier's First and Last Name

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Date of verification

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