



**RESEARCH AFFILIATE PROGRAM
Request for Re-employment**

Note: By submitting this form, you agree to respect the Student Employment Policy and certify that this request is based on a set of values intended to protect the public interest: competency, non-partisanship, representativeness, fairness, equity, transparency and free of favouritism.

Please fill out the information below for each student you want to re-employ.*

Department/Agency :
Responsible Manager Name : Title : Telephone : Fax : E-mail :
Human Resources Contact Name : Title : Telephone : Fax : E-mail :
Full name of Candidate to be re-employed (Surname / first name)
Candidate's Personal Records Identifier (PRI):
Candidate's Public Service Resourcing System (PSRS) Applicant Number:
PSC's Competition Number:

Job Title :
Work Location :
Duration of re-employment: <i>from</i> yyyy / mm / dd <i>to</i> yyyy / mm / dd
Reason for re-employment of this candidate:
<p>Does the candidate meet the eligibility criteria for the Research Affiliate Program? : Please indicate how.</p> <p>The candidate is:</p> <p>recognized as a full-time post-secondary student in an accredited institution, OR returning to full-time studies in the next academic term, OR required to do a research work term in order to fulfill his/her academic requirements, OR required to do a research work term to be able to enrol in a recognized academic institution.</p> <p>Other (explain):</p>

*A copy of the most recent letter of offer may be requested by the Public Service Commission (PSC) in order to process the Request for Re-employment.