

McGill University Award Certification Form

With this form duly completed and signed, you are herewith agreeing that the nature of the payment to the recipient is of an award or other form of financial assistance (see note immediately below on exclusions under financial assistance ¹) for the express purpose to further the education and training of the recipient as a student or postdoctoral scholar **duly registered** at McGill University. All remuneration received by the recipient for the performance of employment duties (such as: ¹ TAs, demonstrators and other regular employment income), is **outside of the scope of this agreement** and will be treated separately from this payment.

PERSONAL INFORMATION

Recipient Name (Last / First / Title):	McGill ID:
Department:	
Award / Financial Assistance Name:	Total Award / Financial Assistance Amount:

We, the undersigned, certify that all of the following conditions apply to this award / financial assistance payment.

- § The primary purpose of the award or financial assistance is to further the education and training of the recipient in his or her individual capacity.
- § The recipient is duly registered as a student or postdoctoral scholar at McGill University.
- § All responsibilities of the recipient as per the terms of the award or financial assistance must relate to training and studies as a student or postdoctoral scholar.
- § The recipient does not hold academic / professorial rank as an additional appointment at McGill.
- § The recipient is not required to work for any of the donors upon completion of the award period.

We fully understand that the payment of this award is not considered to be employment income. As such the amount:

- § is not eligible for the university benefits plans including, but not limited to Group Life, Health, Dental, LTD and Pension.
- § is not eligible for federal and provincial government deductions and benefits such as: Employment Insurance, Quebec Pension Plan, Quebec Parental Insurance Plan and Medicare.
- § is not subject to the 4% vacation pay or any form of vacation accrual or payment.
- § will not entitle the awardee to collect Employment Insurance upon completion of the payment.
- § will be recorded on a T4A / Releve 1 and will be treated as scholarship income by the Federal and Quebec governments.

We understand that the tax treatment of this payment is subject to assessment and verification by the Income Tax Authorities and that a false declaration is considered to be a serious offence.

REQUIRED SIGNATURES

Recipient Signature:	Date:
* Department Chair / Designate Signature:	Date:
* Department Chair / Designate (please print):	

* The Department Chair or Designate should represent the department processing the award payment.

FOR DEPARTMENTAL USE ONLY

FOAPAL:	Amount via Internal Funding Form:
Minerva Document # or POPS Requisition & Ref No:	Amount paid via Minerva Appointment Form or POPS:

Note:

- This form must be completed for the initial appointment / payment and any subsequent reappointments or renewals.
- This form is to be retained by the department for audit purposes for 7 years.
- **The Payroll Office will not retroactively change "AWARD" type income to "EMPLOYMENT" income or vice versa to gain an advantage from a different type of payment.**