

## PAYROLL CHANGE FORM

SIGNATURE OF DEAN/DEPT. HEAD			DEPARTMENT			DATE		
EMPLOYEE NAME						S.I.N./ ID NUMBER		
DR. MR. MRS. MISS MS.		LAST		GIVEN NAME(S)				
EMPLOYEE ADDRESS								
STREET			CITY		PROVINCE		POSTAL CODE	
PHONE NUMBER			COMPETITION NUMBER			DEPT. ACCOUNT NUMBER		
RES.		DEPT.						
<b>NEW EMPLOYEE</b>								
POSITION				SALARY				
NUMBER	CLASSIFICATION		HOURLY	MONTHLY	ANNUAL	ONE TIME \$	HONORARIUM	
ASSIGNMENT DATES						EMPLOYMENT GROUP		
EFFECTIVE DATE			TERMINATION DATE					
EMPLOYMENT STATUS				HOLIDAY PAY		<input type="checkbox"/> Administrative o/s <input type="checkbox"/> Faculty Association <input type="checkbox"/> APT <input type="checkbox"/> CUPE 5791 <input type="checkbox"/> CUPE 2419 <input type="checkbox"/> Other (enter below)		
<input type="checkbox"/> Permanent <input type="checkbox"/> Perm P/T (explain) <input type="checkbox"/> Perm Seasonal		<input type="checkbox"/> Perm Seasonal -part time (explain) <input type="checkbox"/> Term <input type="checkbox"/> Term P/T (explain) <input type="checkbox"/> Casual		<input type="checkbox"/> Pay out monthly <input type="checkbox"/> Accum. Time				
COMMENTS (IF ANY)								
<b>TERMINATION</b>								
POSITION #		LAST DAY WORKED			HOLIDAY PAY			
					<input type="checkbox"/> Yes <input type="checkbox"/> No # of days <input type="text"/>			
COMMENTS								
<b>LEAVE OF ABSENCE WITHOUT PAY</b>								
POSITION #		LAST DAY ON PAYROLL			FIRST DAY BACK ON PAYROLL			
COMMENTS								
<b>CHANGE OF EMPLOYMENT STATUS</b>								
EFFECTIVE DATE <b>NEW ASSIGNMENT</b>				NEW ASSIGNMENT				
TERMINATION DATE IF ANY				<input type="checkbox"/> Permanent <input type="checkbox"/> Perm P/T <input type="checkbox"/> Perm Seasonal		<input type="checkbox"/> Perm Seasonal P/T <input type="checkbox"/> Term <input type="checkbox"/> Term P/T <input type="checkbox"/> Casual		
<b>PRESENT POSITION</b>								
POSITION #	CLASSIFICATION	SALARY		POSITION #	CLASSIFICATION	SALARY		
DEPT.	DEPT. ACCOUNT #			DEPT.	DEPT. ACCOUNT #			
COMMENTS								
<b>FOR HUMAN RESOURCES DEPARTMENT ONLY</b>								
INITIAL WHEN INPUT IS COMPLETED				DATE PROCESSED				
AUTHORITY								
(FOR HUMAN RESOURCES DEPARTMENT)								