

# STAFF EMPLOYMENT AUTHORIZATION REQUEST FORM

(This form must be completed and approved before  
any recruitment process can be initiated.)

Job Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> New (Attach Schedule 5 as applicable) | <input type="checkbox"/> Replacement                 |
| <input type="checkbox"/> Renewal                               | <input type="checkbox"/> Change in Employment Status |

☐ Job Description / Previous Posting Attached

Reason for Request: \_\_\_\_\_

Who is being Replaced/Renewed: \_\_\_\_\_

Is position in the operating budget? ☐ Yes ☐ No Salary Budgeted: \$\_\_\_\_\_

If No, Proposed Funding Source: \_\_\_\_\_

Account Number(s): \_\_\_\_\_ % if <100% \_\_\_\_\_ ☐ Checked by Financial Services  
Budget Administrator \_\_\_\_\_  
Initials

Does position have office/Workstation? ☐ Yes ☐ No If Yes, Office number \_\_\_\_\_  
If No, proposed location \_\_\_\_\_

## EMPLOYMENT STATUS:

☐  
Permanent  
Full-time

☐  
Permanent  
Part-time

☐  
Seasonal

☐  
Contract

☐  
Casual

Hours per week: \_\_\_\_\_

Hours per week: \_\_\_\_\_ # of months: \_\_\_\_\_

Expected start date: \_\_\_\_\_

Expected start date: \_\_\_\_\_ End date: \_\_\_\_\_

Possibility of Renewal? ☐ Yes ☐ No

Approved by:	Signature	Date
Direct Supervisor	_____	_____
Dean or Director or AVP	_____	_____
AVP, Financial Services	_____	_____
Vice-President	_____	_____
AVP, Human Resources	_____	_____

## For Human Resources/Financial Services Use only

Successful Candidate \_\_\_\_\_

Posting #: \_\_\_\_\_

Start Date \_\_\_\_\_

Level: \_\_\_\_\_

Position Requires Posting: ☐ Yes ☐ No

Affiliation: \_\_\_\_\_