

STAFF EMPLOYMENT AUTHORIZATION REQUEST FORM

Date:

Job Title:			
Department/Division:			
Faculty	Staff \square		
New ☐ (Attach Schedule 5 as applicable) Renewal ☐ Change	Replacement I in Employment Status		
☐ Job Description / Previous Posting Attached			
Explain:		_	
		_	
For whom:	End Date:	_	
Is position in the budget?	Salary Budgeted \$		
If No, Proposed Funding Source:			
Does position have office/Workstation? Yes	☐ No If Yes, Office If No, propos	e numbered location	_
EMPLOYMENT STATUS:		_	
Permanent Permanent Full-time Part-time	Seasonal	Contract	Casual
Expected start date:			
	Account Number(s):		% if <100%
NOTE: Account number <u>must be filled in</u> before au	ithorization can be processed.		
CONTRACT, SEASONAL APPOINTMENTS			
Number of Months:			
Appointment Date:	Termination Date:		
Recommended by:	Signature		Date
Direct Supervisor			
Dean/Director/AVP			
Supervising Vice-President			
Executive Director, Financial Services			_
Executive Director, Human Resources			
For Human Resources/Financial Services Use only			
Start Date	Post	ing #:	
Name	Leve	Level:	
Position Control Number	Affil	liation:	
Payroll Distribution Account Number	Posit	Position Requires Posting: Yes No	