



THE UNIVERSITY OF LETHBRIDGE HUMAN RESOURCES - PAYROLL SERVICES

Payroll Authorization Form (PAF)

GENERAL INSTRUCTIONS

1. Select the Employment Category
2. Select a Transaction
3. Complete the highlighted fields, **all** fields in red are **mandatory**
4. Click 'Validate & Print' and proceed with the authorization process

Employment Category:

Transaction:

Appointment	Extension	Change	Termination	Prob. Comp.	Leave	Promotion	Reclass	Lay off
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A. EMPLOYEE'S IDENTIFICATION (PPAIDEN)

Employee's ID #: _____
Last name First name Middle name
Preferred first Name Previous name (complete for all name changes)
SIN: _____ Birthdate: _____ (DD-MM-YY) Gender: F M Marital status: Not married Married
Canadian Citizen: Yes No (If no) Permanent Resident: Yes No (If no, complete International Information)

B. INTERNATIONAL INFORMATION (PPAINTL) ** Attach copy if not previously submitted

Work/Study Permit number: _____ Expiry date: _____ (DD-MM-YY) Country: _____

C. ADDRESS INFORMATION (PPAIDEN)

Permanent address: _____
Street address City/Town
Province Country Postal code Home or contact phone number Cell phone number
Current address: _____
(If different from above) Street address City/Town
Province Country Postal code Home or contact phone number Cell phone number

D. DIRECT DEPOSIT Mandatory for all salaried and hourly paid employees Attached Previously submitted

E. TERMINATION/LAYOFF INFORMATION (PEAEMPL) Record of employment requested

Resigned Contract expired Other (specify): _____

Last day worked: _____ (DD-MM-YY) Return to work: _____ (DD-MM-YY)

Vacation used in the final month: _____ hours **Remember to submit/approve the final time sheet early

CTO used in the final month: _____ hours

F. ADDITIONAL INFORMATION / COMMENTS

Employee's ID #: _____
Last Name First Name

G. POSITION APPOINTMENT TYPE (PEAEMPL)

Type: Appointment: Hours per day: Probation: Yes No
Current U of L Student: Yes No Is the employee moving to another position within the U of L? Yes No

ADDITIONAL PAYMENTS:

Acting Pay Special Responsibility

H. JOB INFORMATION (NBAJOBS)

Job title: FTE: Weekly Hours:

I. EMPLOYEE SALARY and WAGE INFORMATION

Start Date (DD-MM-YY)	End Date (DD-MM-YY)	Actual Salary/Wage			Monthly Stipend
_____	_____	Hourly \$ _____	Monthly \$ _____	Yearly \$ _____	_____
_____	_____	Hourly \$ _____	Monthly \$ _____	Yearly \$ _____	_____
_____	_____	Hourly \$ _____	Monthly \$ _____	Yearly \$ _____	_____

DEEMED HOURS PER PAY PERIOD _____ * (Mandatory, except for hourly) - Attach breakdown of hours for lump sum payments

J. POSITION AND LABOUR DISTRIBUTION

Position #: Position # 2: (if required) Request for Appointment (RFA) Requisition #: _____

Fund: Orgn: Acct: Prog: Activity: %: _____
Fund: Orgn: Acct: Prog: Activity: %: _____

Is this person replacing someone? Yes No Specify name: _____

K. REPORTING STRUCTURE

Manager: ID _____ Name _____

Time Sheet Approvals: (if not the Manager)

First Time Sheet Approver: ID _____ Name _____

Second Time Sheet Approver: ID _____ Name _____

FYI: ID _____ Name _____

Employee related to the manager/supervisor? Yes No Describe relationship _____

If yes, this form must be signed by VP/President, and an independent time sheet approver must be assigned.

L. AUTHORIZATIONS:

Department: Submitted by if not approver: _____

Approval by: (ID) (Printed name) (Signature) Date approved: (DD-MM-YY)

Additional: (If required) (ID) (Printed name) (Signature) Date approved: (DD-MM-YY)

Vice President/President signature: (If required) (ID) (Signature) Date: (DD-MM-YY)

Research Accounting Authorization: (ID) (Signature) Date: (DD-MM-YY)

M. HUMAN RESOURCES APPROVALS

Human Resources: Signature Date

Pension and Benefits: Signature Date

Payroll: Signature Date

Date received: