



GENERAL INSTRUCTIONS

Please complete the form and attach to the Payroll Authorization Form (PAF).

Acting Pay/Stipend (if applicable)			
Employee Name:		Employee ID #:	
Department:			
Current Position Classification for Employee:		Position number for the vacant position:	
Leaving Employee's Name / Employee's Name on leave of absence:		Classification for the vacant position:	
Additional Responsibilities:		% of Duties performed at the higher level classification:	
Estimated Start Date:		Estimated End Date:	
Proposed Supplementary Pay Amount:		Proposed Supplementary Pay % of Employee's Current Salary:	



Academic Stipend (if applicable)

Employee Name:		Employee ID #:	
Department:			
Is this a new or existing stipend?	<input checked="" type="radio"/> New <input type="radio"/> Existing		
Additional Administrative Responsibilities:		% of Time Spent on Administrative Duties:	
Estimated Start Date:		Estimated End Date:	
Proposed Supplementary Pay Amount:		Proposed Supplementary Pay % of Employee's Current Salary:	

Additional Comments:	
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		Signature	Date
Senior Administrator			
Human Resources	Yes No		
Resource Planning	Yes No		
Resource Planning	Source of Funding:		
Provost or Vice-President (Finance & Administration)	Yes No		