



# THE UNIVERSITY OF LETHBRIDGE HUMAN RESOURCES - PAYROLL SERVICES

- AUPE
- ESS
- APO

## Payroll Authorization Form (PAF)

☐ Appointment ☐ Change ☐ Extension ☐ Termination ☐ Probation Complete ☐ Personal Information Change ☐ Reclass

### EMPLOYEE'S IDENTIFICATION (PPAIDEN)

Employee's ID #: \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Preferred first name \_\_\_\_\_ Prefix \_\_\_\_\_ Suffix \_\_\_\_\_ Previous name (complete for all name changes) \_\_\_\_\_

SIN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (DD-MON-YY) Gender: ☐ F ☐ M Marital status: ☐ Not married ☐ Married

Canadian citizen: ☐ Yes ☐ No (If no) Landed immigrant: ☐ Yes ☐ No (If no, complete Visa block)

**Direct deposit is mandatory for all salaried and hourly paid employees.** Direct deposit: ☐ Attached ☐ Previously submitted

Employee related to supervisor? Yes / No Describe relationship \_\_\_\_\_ If yes, need form signed by VP Academic

### ADDRESS INFORMATION

Permanent address: \_\_\_\_\_ (PPAIDEN) Street address \_\_\_\_\_ City/town \_\_\_\_\_

Province/country \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone number \_\_\_\_\_ Office phone number \_\_\_\_\_

Current address: \_\_\_\_\_ (PPAIDEN) Street address \_\_\_\_\_ City/town \_\_\_\_\_

(If different from above) Province/country \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone number \_\_\_\_\_ Office phone number \_\_\_\_\_

### Time Sheet Approvals:

First Approver: ID \_\_\_\_\_ Name \_\_\_\_\_

Second Approver or FYI: ID \_\_\_\_\_ Name \_\_\_\_\_  
(if required circle)

### POSITION APPOINTMENT TYPE (PEAEMPL) TO CLEAR BELOW CHOICES

AUPE: ☐ Hourly ☐ Probationary ☐ Continuing ☐ Limited Term ☐ Temporary

Hours Per Day: ☐ 7 ☐ 7.5 ☐ 8

Select if applicable: ☐ Modified Work Week ☐ Sessional Appointment

ESS: ☐ Hourly ☐ Probationary ☐ Continuing ☐ Term

Select if applicable: ☐ Modified Work Week ☐ Sessional Appointment

APO: ☐ Hourly ☐ Probationary ☐ Continuing ☐ Term

Select if applicable: ☐ Modified Work Week ☐ Sessional Appointment ☐ Excluded Professional

### ADDITIONAL PAYMENTS:

☐ Acting Pay – Replacing Job: \_\_\_\_\_

☐ Special Responsibility: \_\_\_\_\_

### JOB INFORMATION (NBAJOBS)

Job title: \_\_\_\_\_ FTE: \_\_\_\_\_ Annual FTE salary: \_\_\_\_\_ Deemed Hours: \_\_\_\_\_

### EMPLOYEE SALARY and WAGE INFORMATION

Date from:  
(DD-MON-YY)

Date to:  
(DD-MON-YY)

Actual salary/wage

Stipend

Hourly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Hourly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Hourly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

### POSITION AND LABOR DISTRIBUTION

Position #: \_\_\_\_\_

Fund: \_\_\_\_\_ Orgn: \_\_\_\_\_ Acct: \_\_\_\_\_ Prog: \_\_\_\_\_ Activity: \_\_\_\_\_ %: \_\_\_\_\_

Fund: \_\_\_\_\_ Orgn: \_\_\_\_\_ Acct: \_\_\_\_\_ Prog: \_\_\_\_\_ Activity: \_\_\_\_\_ %: \_\_\_\_\_

### AUTHORIZATIONS

Department: \_\_\_\_\_ Submitted by if not approver: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Printed name) \_\_\_\_\_ (Signature)

Approver's ID: \_\_\_\_\_ Date approved: \_\_\_\_\_ (DD-MON-YY)

Vice President/President signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_ (DD-MON-YY)

### VISA INFORMATION (PPAINTL)

Country of citizenship (if not Canadian): \_\_\_\_\_ ☐ Work Visa Date: \_\_\_\_\_ (DD-MON-YY)

Visa number: \_\_\_\_\_ Visa expiry date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TERMINATION INFORMATION (PEAEMPL)

☐ Resigned: ☐ Contract expired: ☐ Other (specify): \_\_\_\_\_  
☐ Record of employment requested Last day worked: \_\_\_\_\_ (DD-MON-YY)  
Vacation hours to be paid: ☐ All outstanding or \_\_\_\_\_ hours  
CTO hours to be paid: ☐ All outstanding or \_\_\_\_\_ hours

### APPROVAL

Human Resources: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Pension and Benefits: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Payroll: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL INSTRUCTIONS

*New appointments* - complete all sections.

*Changes* - complete first block, employee's I.D. number and name, and all appropriate sections.

ie: An appointment is changed from probationary to regular.

\* Complete first block, employee's I. D. number and name, Salary and Wage information block, and Position Appointment Type block.

Please phone if you have questions

Date received: