University of Lethbridge

THE UNIVERSITY OF LETHBRIDGE
HUMAN RESOURCES - PAYROLL SERVICES

• FACULTY
• SENIOR ADMINISTRATOR
Payroll Authorization Form (PAF)

☐ Appointment ☐ Change ☐ Extension ☐ Termination ☐ Personal Information Change

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? ☐ 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) (If different from above) _____ Street address _____ City/town

Province/country _____ Postal code _____ Home phone number _____ Office phone number _____

Time Sheet Approval (for Non-Academic Senior Administrators only):

First Approver: ID _____ Name _____

POSITION APPOINTMENT TYPE (PEAEMPL)

TO CLEAR BELOW CHOICES

FACULTY: ☐ Term ☐ Auto conversion ☐ Probationary ☐ Tenured/Continuing
☐ Term < .5 FTE Annual Units _____ Deemed Hours _____

SENIOR ADMINISTRATOR: ☐ Academic ☐ Non-Academic ☐ Term

POST RETIREMENT: ☐

STIPEND: ☐ Description: _____

JOB INFORMATION (NBAJOBS)

Job title: _____ FTE: _____ Annual FTE salary: _____

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: _____

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

APPROVAL

Human Resources: _____
Signature Date

Pension and Benefits: _____
Signature Date

Payroll: _____
Signature Date

GENERAL INSTRUCTIONS

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:

Revised Date: 01-Jan-2016