



# THE UNIVERSITY OF LETHBRIDGE HUMAN RESOURCES - PAYROLL SERVICES

- STUDENT (NON-RESEARCH)
- NON-CLASSIFIED

## 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) 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 (PEAEPL) TO CLEAR BELOW CHOICES

Undergrad Student Graduate Student Non-Classified (Non Student, Academic Support, Guest Lecturers, etc.)

Hourly Monthly Lump Sum Payment One-Time Payment (Non-Employment Income)

### JOB INFORMATION (NBAJOBS)

Job title: \_\_\_\_\_ Deemed Hours: \_\_\_\_\_

### EMPLOYEE SALARY and WAGE INFORMATION

Date from: (DD-MON-YY)	Date to: (DD-MON-YY)	Actual salary/wage			Lump Sum Payment	1-Time Payment
_____	_____	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)

**APPROVAL**

Human Resources: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Pension and Benefits: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please phone if you have questions.

Date received:
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