



**THE UNIVERSITY OF LETHBRIDGE
HUMAN RESOURCES - PAYROLL SERVICES**

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: _____ Date approved: _____
(ID) (Printed name) (Signature) (DD-MM-YY)
Additional: _____ Date approved: _____
(If required) (ID) (Printed name) (Signature) (DD-MM-YY)
Vice President/President signature: _____ Date: _____
(If required) (ID) (Signature) (DD-MM-YY)
Research Accounting Authorization: _____ Date: _____
(ID) (Signature) (DD-MM-YY)

M. HUMAN RESOURCES APPROVALS

Human Resources: _____
Signature Date
Pension and Benefits: _____
Signature Date
Payroll: _____
Signature Date

Date received: