



# THE UNIVERSITY OF LETHBRIDGE HUMAN RESOURCES - PAYROLL SERVICES

## Payroll Authorization Form (PAF)

### GENERAL INSTRUCTIONS

1. Please ensure to download and open this file with Adobe Acrobat or Reader.
2. Select the **Employment Category**:
3. Select the type of **Transaction**: Appointment Extension Change Termination Leave Promotion Reclass Lay-off
4. Complete the highlighted fields, all fields in red are **mandatory**
5. Click 'Validate & Print' and proceed with the authorization process

### 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 (PPAI NTL) \*\* 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: