



THE UNIVERSITY OF LETHBRIDGE
HUMAN RESOURCES - PAYROLL & BENEFITS

Payroll Authorization Form

Function: [] Appointment [] Change [] Extension [] Termination [] Personal Information Change [] Reclass

EMPLOYEE'S IDENTIFICATION (PPAIDEN)

Employee's ID #: _____ Last name _____ First name _____ Middle name _____

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 (PEAEPL)

FACULTY: [] Term [] Auto conversion [] Probationary [] Tenured [] Over Load [] Post U of L Retirement Units _____

ACADEMIC ASSISTANT: [] 1 [] 2 [] 3 [] Term [] Probationary [] Continuing

MANAGEMENT/EXECUTIVE: [] Continuing

APO: [] Casual [] Term [] Probationary [] Continuing

SUPPORT: [] 7 hour [] 7.5 hour [] 8 hour [] U of L Student

EXEMPT: [] Hourly [] Term P/T [] Term F/T [] Probationary [] Continuing [] Sessional

AUPE: [] Hourly [] Temp. P/T [] Temp. F/T [] Project [] Probationary [] Apprentice [] Continuing

U of L STUDENT: [] CSJ [] STEP [] Marker [] Grad Student [] Other (specify) _____

OTHER: [] Academic Support [] Sessional [] Summer Session [] Other (specify) _____

STIPEND: []

EMPLOYEE SALARY and WAGE INFORMATION (NBAJOBS)

Date from: _____ Date to: _____ Actual salary/wage 1-time payment Stipend
Hourly \$ _____ Monthly \$ _____ Yearly \$ _____
Hourly \$ _____ Monthly \$ _____ Yearly \$ _____
Hourly \$ _____ Monthly \$ _____ Yearly \$ _____

Deemed hours _____ * Mandatory for all One Time, Other & U of L Student Monthly Payments

POSITION AND LABOR DISTRIBUTION (NBAPOSN)

Position #: _____ Job title: _____ FTE: _____ Annual FTE salary: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

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

C.T.O. hours to be paid: All outstanding or _____ hours

APPROVAL

Human Resources Manager: _____
Signature Date

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.

DEEMED HOURS

* *Deemed Hours* - eg. Actual class/presentation time per pay period

Please phone if you have questions

Date received: _____