



**THE UNIVERSITY OF LETHBRIDGE
HUMAN RESOURCES - PAYROLL & BENEFITS**

**RESEARCH
Payroll Authorization Form**

Function: 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

Direct deposit is mandatory for all salaried and hourly paid employees. Direct deposit: Attached Previously submitted

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 Approvals:

First Approver: ID _____ Name _____
 Second Approver or FYI: ID _____ Name _____
 (if required circle)

POSITION APPOINTMENT TYPE

		3 Month Probation	Benefits
Research Technician	<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Research Associate	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Post Doctoral Fellowship	<input type="checkbox"/>		
U of L Student:			
Bachelors	<input type="checkbox"/>		
Masters	<input type="checkbox"/>		
PhD.	<input type="checkbox"/>		
Research related to post-grad thesis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Non Student	<input type="checkbox"/>		

REQUIRED INFORMATION

	Yes	No
Canadian Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
If No:		
Landed Immigrant?	<input type="checkbox"/>	<input type="checkbox"/>
If No attach a copy of Employees Visa.		
Employee related to researcher?	<input type="checkbox"/>	<input type="checkbox"/>
Describe relationship _____		
If yes need form signed by VP Academic.		
Employee already employed at the UofL?	<input type="checkbox"/>	<input type="checkbox"/>
Faculty/Department _____		

Mandatory: Complete job description section on back.

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, except hourly) - Attach breakdown of hours for one time 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)

Research Accounting Authorization: _____ (Signature)
_____ (Date Approved)

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: _____

Position Duties (Brief description of the job duties for this Research position, or attach a sheet indicating duties).

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:
