



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) 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

Research Technician [] 3 Month Probation Yes [] Benefits Yes []
Research Associate [] No [] No []
Post Doctoral Fellowship []
U of L Student: Bachelors []
Masters []
PhD. []
Research related to post-grad thesis? [] Yes [] No
Other Non Student []

REQUIRED INFORMATION

Yes No
Canadian Citizen? [] []
If No:
Landed Immigrant? [] []
If No attach a copy of Employees Visa.
Employee related to researcher? [] []
Describe relationship _____
If yes need form signed by VP Academic.
Employee already employed at the UofL? [] []
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)

