

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

RESEARCH Payroll Authorization Form

Function:	Appointment	Change	☐ Extension	n 🗌 Term	ination	Personal Informa	tion Change		
				ENTIFICATION	(PPAIDEN))			
Employee's ID #:			Last name			First name	Middle name		
CINI	Preferred first name	Dial-data		Suffix		Previous name (complete for all name)	me changes) ot married		
			DD-MON-YY)	Gender: □ F	∐M				
Direct depo	isit is mandatory for a	ii saiaried and no		•		☐Attached ☐Previo	busiy submitted		
Dormanant a	addross.			S INFORMATIO	N				
Permanent address:Street address						City/to	own		
		Province/country			ŀ	Home phone number	er Office phone number		
Current add (PPAIDEN		Street address			City/tov				
(If different from		ove) Province/country			ŀ	Home phone number	Office phone number		
Time Sheet	Approvals:								
First Approv	• •			Name					
Second App (if required circle)	prover or FYI: ID			Name					
	APPOINTMENT TYPE			DE⊜L∐DI	D INFO	RMATION	Van Na		
1031110147	ALLOHALMENTITLE	3 Month		Canadiar			Yes No		
		Probation	Benefits	If No:	Citizen	•			
	ch Technician	Yes	Yes	Lande	d Immig	rant?			
Research Associate			No 📙			n a copy of Employees Vis	sa.		
	Student: Bachelors	_		• ,		to researcher?			
OOLS	Masters					ionship			
	PhD.			•		m signed by VP Academic	c.		
Researc	ch related to post-grad	thesis?	□No		,	employed at the UofL?			
Other N	Non Student			Facult	у/Берап	tment			
Mandatory	: Complete job descri	ption section on	back.						
		EMPLOYE	E SALARY and	WAGE INFORM	AATION	(NBAJOBS)			
Date from:	: Date to:			Actual salary/v	0		ne payment Stipend		
				•		'early \$			
		,		,		'early \$			
Deemed ho	urs	,		,		'early \$			
Decined no	ui3	,				hours for one time payn	nents		
Docition #	lob t			OR DISTRIBUT		aposn) FTE: Annu	al ETE calamu		
						Activity:	,		
	~			_		Activity:			
	_			_		Activity:			
Department	:		AUTI	IORIZATIONS Submit	ted by if	not approver:			
Approved by	y:					Research Acco	ounting Authorization:		
	(Printed nam	(Printed name)		(Signature)			(Signature)		
Approver's ID: Date app			ate approved:	(DD-MON	-YY)	(Da	(Date Approved)		
Vice Preside	ent/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 e	expiry date:	date:				
Comments:						
Position Duties (Brief description of the job duties for this B			- dution)			
Position Duties (Brief description of the job duties for this R	esearch position, or	attach a sheet indicating	gauties).			
TERMINA	TION INFORMATION	ON (PEAEMPL)				
☐ Resigned: ☐ Contract expired: ☐ Other (sp	ecify):					
Record of employment requested Last day worked:		(DD-MON-YY)				
Vacation hours to be paid: \square All outstanding or C.T.O. hours to be paid: \square All outstanding or						
C.1.O. flours to be paid: All outstanding of						
	APPROVAL					
Human Resources Manager:	Signature		1	Date		
Benefits:	Signature		I	Date		
Payroll:	Signature		1	Date		
GE	NERAL INSTRUCTI	IONS				
New appointments - complete all sections.						
Changes - complete first block, employee's I.D. number and		ropriate sections.				
ie: An appointment is changed from probationary to regu * Complete first block, employee's I. D. number and n	ar. ame, Salary and Wa	age information block, ar	d Position Appoi	intment Type block.		
	DEEMED HOURS	5				
* Deemed Hours - eg. Actual class/presentation time per pa	ay period					
Please phone if you have questions						
	Date re	ceived:				