

Payroll Services Saint Mary's Casual Employee Action and Change Form This form will not be used for payment.

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Note: Employment may not commence before and is conditional upon Financial Services authorization. The Bi-Weekly Time Report or Fixed Remuneration Form must be completed to initiate payment. All incomplete forms for new hires will be returned to the department. If a change is being made to existing information, please complete only the sections that apply.

Employee/Student Number:	Last Name:			First Name:			
SIN:	Date of Birtl	h (DD-MM-YYY	Y):	Position Number:			
Department:		Preferred Name:					
Demographics: (please prin Address:	nt)						
City:		Province:			Country (if not Canada):		
Postal Code:		Phone Number:			☐ Female ☐ Male ☐ Another Gender		
Citizenship: ☐ Canadian Cit		Permit or VISA Expiry Date: (Attach Copy)					
Direct Deposit Information (MANDATORY)				(DD-MM-YYYY)			
Blank void cheque or Bank			must be att	ached: No h	and written bar	nking accepted	
Terms of Employment :							
Job Title:			Job Description:				
Start Date:			End Date*:				
Hourly Rate (Inc 4% vac)**: Hourly Rate is: Original Rate □ Rate change □ Additional pay rate □			□Non-Student □Undergraduate Student □Graduate Student				
Will be 1 calendar year from St Budgetary Information:	art Date if no	t completed. **	Bi-Weekly T	ime Reports	s will not be pa	id if left blank.	
Banner Budget Code:							
I,(Signature)		unde	erstand my rat	te of pay as ou	tlined above inclu	des 4% Vacation Pay.	
Department Authorization: (Date:						
(Signature)			Phone Ext:				
Financial Services Authoriz	ation:	·····			Date:		
OFFICE USE ONLY						_	