

CASUAL EMPLOYEE ASSIGNMENT/PAYMENT FORM

This form is for use within Human Resources. Personal information collected on this form is confidential, and is used by HR for the purpose of setting up casual employment assignments. Please note that Human Resources may disclose this information to relevant stakeholders as required.

Note: A Casual Employee who has completed 3 months of continuous employment working more than 24 hours per week is eligible to be included in an employee group

- ENTRY TO EMPLOYEE GROUP
 DEPARTMENT CHANGE
 EXTENSION (GO TO 1B)

Please complete all fields

NAME OF EMPLOYEE (Please Print)	BANNER ID	DEPARTMENT (Name and Org)
JOB TITLE	STUDENT? <input type="checkbox"/> Yes	SUPERVISOR'S NAME

1A. JOB ASSIGNMENT – Complete this section for new job assignments (If job is an extension, complete 1B)

DATE ELIGIBLE FOR INCLUSION IN: <input type="checkbox"/> CUPE 2424 <input type="checkbox"/> ADMIN TECH <input type="checkbox"/> ADMIN MANAGEMENT			
START DATE	ANTICIPATED END DATE (If end date is extended, please complete a new form)	HOURS / WEEK	HOURLY RATE
DESCRIPTION OF DUTIES			

NOTE: Hours per Pay = hours per week x 52 / 24. Standard hours per pay = 75.83 based on a 35 hour work week.

1B. EXTENSION – Complete this section (if new job assignment, complete 1A)

EFFECTIVE DATE OF EXTENSION	END DATE	HOURS / WEEK	HOURLY RATE

2. SIGNATURE

REQUIRED SIGNATURE
Date: _____ Signature of Department Head: _____

3. PAYMENT INFORMATION

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>RECURRING PAYMENT</td></tr> <tr><td>Total payment due:</td></tr> <tr><td>Number of Payments:</td></tr> <tr><td>Total Hours:</td></tr> </table>	RECURRING PAYMENT	Total payment due:	Number of Payments:	Total Hours:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><input type="checkbox"/> ONE TIME PAYMENT (partial pay period only)</td> </tr> <tr> <td>Start Date:</td> <td>End Date:</td> </tr> <tr> <td>Total Amount Due:</td> <td>Total Hours:</td> </tr> </table>	<input type="checkbox"/> ONE TIME PAYMENT (partial pay period only)		Start Date:	End Date:	Total Amount Due:	Total Hours:
RECURRING PAYMENT											
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Start Date:	End Date:										
Total Amount Due:	Total Hours:										

4. LABOUR DISTRIBUTION

Fund
Org
Account
Program
Activity

5. AUTHORIZATION OF PAYMENT

Manager Name (Please Print)
Signature
Date (YYMMDD)
Phone Number

Please forward completed form to the Assistant HR Advisor, including all signatures. Note: This form must be completed for every assignment.

PAYROLL SERVICES USE ONLY - FOR RECURRING PAYMENTS			
EMPLOYEE CLASS:		JOB NUMBER: 006 _____ SUFFIX: C _____	
Effective Date:	Default Earnings		
	Earn Code:	ARREARS	Date Entered:
	Hours:	Earn Code:	Initial:
	End Date:	Units:	Date checked:
Personnel Date:	Amount:	Initial:	
Job Change Reason:	End Date:		

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.