

SHORT-TERM CASUAL EMPLOYEE ASSIGNMENT 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.

This form is to be used for short term assignments (less than 3 months or when hours of work are less than 24 hours). All fields are mandatory for completion. If the work assignment is more than 24 hours per week and is extended beyond 3 months, please complete the Casual Employee Assignment form as the employee is eligible to be a member of an employee group.

EMPLOYEE LAST NAME		EMPLOYEE FIRST NAME	
BANNER ID	JOB TITLE		
SUPERVISOR'S NAME	DEPARTMENT / FACULTY		
DESCRIPTION OF DUTIES (Please attach sheet with detailed duties if explanation exceeds this space)			
REQUIRED SIGNATURE			
Department Head (please print)		Signature:	Date:

SECTION A – GENERAL PAYMENT INFORMATION

START DATE (YYMMDD)	END DATE (YYMMDD)	PAYROLL USE ONLY		
	Enter estimate if end date is not known	Position Number	Date	Initial

SECTION B – PAYMENT BASIS

<input type="checkbox"/> HOURLY PAYMENT
Hours / Week:
Total Hours (hrs / week x # weeks):
Rate of Pay:
Submit "Hourly Pay Submission Form" with hours worked each pay period for payment"

SECTION C (if applicable)

<input type="checkbox"/> ONE TIME PAYMENT	
Start Date:	End Date:
Total Amount Due:	Total Hours:
Reason for One-Time Payment:	

SECTION D – DEPARTMENT TIME ENTRY USERS ONLY

TIME SHEET ORG	PERSON RESPONSIBLE FOR ENTERING HOURS	PHONE NUMBER

SECTION E – LABOUR DISTRIBUTION

Fund:
Org
Account
Program
Activity

SECTION F – AUTHORIZATION OF PAYMENT

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

Please forward completed form to the Assistant HR Advisor, including all signatures.

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.