

REPLACEMENT 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 replacement employment assignments. Please note that Human Resources may disclose this information to relevant stakeholders as required.

Note: A Replacement Employee is an employee appointed by the employer to replace continuing or term employees on leaves of absence of not less than 4 months and not more than 12 months, or to fill vacancies as a result of approved assignments of not less than 4 months and not more than 12 months.

- NEW ASSIGNMENT
 EXTENSION (only if incumbent is still on approved leave)

Please complete all fields

NAME OF EMPLOYEE (Please Print)		BANNER ID
DEPARTMENT (Name and Org)		SUPERVISOR'S NAME
		SUPERVISOR'S TITLE
<input type="checkbox"/> This is a replacement assignment, replacing: <div style="text-align: center; margin-top: 10px;"> _____ _____ _____ </div> <div style="text-align: center; margin-top: 5px;"> (NAME) (LEVEL) (TITLE) </div> <p style="margin-top: 10px;">This replacement assignment is occurring during the current incumbent's:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Acting Assignment <input type="checkbox"/> Career Development Assignment <input type="checkbox"/> Other (please specify): </div> <div style="width: 45%;"> <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sick Leave </div> </div>		
DESCRIPTION OF DUTIES		
<input type="checkbox"/> Please attach detailed job description and Candidate's Resume		
HOURS / WEEK	HOURLY RATE	EQUIVALENT GRADE / JOB LEVEL
START DATE	END DATE (If end date is extended, please complete a new form)	
REQUIRED SIGNATURE		
Date:	Signature of Department Head:	

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

<input type="checkbox"/> RECURRING PAYMENT
Total payment due:
Number of Payments:
Total Hours:

<input type="checkbox"/> ONE TIME PAYMENT (partial pay period only)	
Start Date:	End Date:
Total Amount Due:	Total Hours:

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

LABOUR DISTRIBUTION
Fund:
Org:
Account:
Program:
Activity:

AUTHORIZATION OF PAYMENT
Manager Name (please print)
Signature
Date (yy/mm/dd)
Phone Number

HR ACTIVITY LETTER (HR ONLY)			
Prepare date:	Initial:	Distributed Date:	Initial:

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