PERSONNEL ACTION FORM - ISWEP STUDENTS

COMPLETE S	HADED AREAS	PERS	ONNEL AG Departn		FORM - I f Human				S		
Banner ID (Emp	loyee's Na	ame (La	ast, First,	Mic	ddle II	nitial)			
Daniel	I Ni a cons										
Departmen	t Name										
EMADLOVEE I	ODC (NDA IODC)										
Effective Date (MM/DD/YYYY)			Position	E-Class			Timesheet/Check ORGN If different than FOAP ORGN				
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IOB DETAILS											
Begin Date (MM/DD/YYYY)			End Date (D/YYYY) Hour		rly Rate Earnings		5			
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OB LABOR D	DISTRIBUTION										
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Fund	Organization	Α	ccount	Pro	Program		Activ	ity	Location		Percent
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T4 ADDRESS Permanent Address							City				
Province	Province Postal Code		Country	lome Phone E		Er	mergency Contact			Phone	
BIOGRAPHIC		T					ı				
Date of Bir	th (MM/DD/YYY	Y)	Social In	suranc	e Numbe	er					
Required for	NAL INFORMATION Employees with of SIN attached	Soci	•	ce Nun		_		9 (copy A attac		VISA	A required)
SIN Expiry Date (MM/DD/YYYY) VISA		Country		VISA Expiry Date (MM/DE			1M/DD/YYYY)	
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Completed by Date (MM/DD/YYYY)		HR Processing						
		Processed by:	Date:					
Approved by	Date (MM/DD/VVV	٧١						

Is this employee a Canadian citizen? Indicate Student's Academic Year _____ Estimated Hours _____

Approved by	Date (MM/DD/YYYY)