

Department of Human Resources

Banner ID (Student #)	Employee's Name (Last, First, Middle Initial)
Department Name	

Effective Date (MM/DD/YYYY)	Position	E-Class	Timesheet/Check ORGN (If different than FOAP ORGN)
		SU	

Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Hourly Rate	Earnings
		\$19.00	CEP

Fund	Organization	Account	Program	Activity	Location	Percent
		66005				
Fund	Organization	Account	Program	Activity	Location	Percent
		66005				

Permanent Address					City	
Province	Postal Code	Country	Home Phone	Emergency Contact		Phone

Date of Birth (MM/DD/YYYY)	Social Insurance Number

SIN Expiry Date (MM/DD/YYYY)	VISA	Country	VISA Expiry Date (MM/DD/YYYY)

DUTIES

Completed by	Date (MM/DD/YYYY)	HR Processing	
		Processed by:	Date:

Approved by	Date (MM/DD/YYYY)