**STAFF APPOINTMENT FoRm**

[INSERT ORGANIZATION LOGO HERE]

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| Employee ID | | First Name | | | Middle Name | | | Last Name | | |
|  | |  | | |  | | |  | | |
| Current Home Address | | | | | City | | | Prov. | Postal Code | |
|  | | | | |  | | |  |  | |
| Permanent Home Address (if different from current home address) | | | | | City | | | Prov. | Postal Code | |
|  | | | | |  | | |  |  | |
| Phone Number | | Email Address | | | | | | Date of Birth (YYYY/MM/DD) | | |
|  | |  | | | | | |  | | |
| **DETAILS OF EMPLOYMENT** | | | | | | | | | | |
| Action (see next page for options) | | | | | | | | | | |
|  | | | | | | | | | | |
| Job Title | | | | | | Regular/Term/Casual | | Full/Part Time | Part Time (%) | |
|  | | | | | |  | |  |  | |
| **FUNDING** | | | | | | | | | | |
| Start Date  (YYYY/MM/DD) | | End Date  (YYYY/MM/DD) | | Budget | | Account | % | Amount  Monthly  Hourly  Annually | | |
|  | |  | |  | |  |  |  | | |
| **BENEFITS** | | | | | | | | | | |
| Employee will receive Group Health & Welfare Benefits  Employee will not receive Group Health & Welfare Benefits, and has signed Benefits Opt-Out Waiver | | | | | | | | | | |
| **NOTES** | | | | | | | | | | |
| Refer enquiries to (name and phone number): | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | |
| Manger Authorization | Name (print) | | Date | | Other | | | Name (print | | Date |
| Executive Director Authorization | Name (print) | | Date | | HR Authorization | | | Name (print) | | Date |

*When filling out the Staff Appointment Form, please select one of the following Action Items AND Additional Notes.*

|  |  |  |
| --- | --- | --- |
| **ACTION** | **ADDITIONAL NOTES** | **Use this Action Item when…** |
| **Data Change** | Correction | You need to correct information submitted on a staff appointment form. |
| Job Title or Pay Rate Change | The job title or the pay rate for the position has changed and needs to be updated in the HR/Payroll system. |
| Term to On-going | The position is changing from term to on-going. |
| **Earnings and Distribution Change** |  | You need to change the budget source for the position, or the percentages between various budget sources. |
| **Hire** | New Hire | You are hiring a new person. |
| Additional/Concurrent Job | A current employee is taking on an additional position (i.e. two (2) part-time positions). |
| Re-Hire | You are re-hiring an employee who has left the organization. |
| **Pay Rate Change** | Additional Responsibilities | A current employee is getting a temporary wage increase as a result of their position expanding to include additional responsibilities. |
| Acting Pay | A current employee has taken on an acting role and is getting a temporary wage increase. |
| Salary Progression | A current employee is receiving a progression in salary. |
| FTE Change | A current employee FTE is changing and the HR/Payroll system needs to be updated. |
| Gradual Return to Work | A current employee is completing a gradual return to work. |