

PERSONNEL ACTION FORM - MUCEP STUDENTS

Department of Human Resources

Complete Shaded Areas

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

EMPLOYEE JOBS (NBAJOBS)

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

JOB DETAILS

Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Hourly Rate	Earnings
		\$13.15	CEP

JOB LABOR DISTRIBUTION

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

EMPLOYEE INFORMATION (PPAIDEN)

T4 ADDRESS

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

BIOGRAPHICAL

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

INTERNATIONAL INFORMATION (GOAINTL)

Required for employees with Social Insurance Number Starting with 9 (copy of SIN & VISA required)

Copy of SIN attached

Copy of VISA attached

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

DIRECT DEPOSIT INFORMATION (GXADIRD)

Application for Direct Deposit attached

Already on file

DUTIES		
Is this employee a Canadian citizen	Indicate Students Academic Year	Estimated Hours

COMPLETED BY	DATE (MM/DD/YYYY)	HR Processing	
		Processed By	Date
APPROVED BY	DATE (MM/DD/YYYY)		