**STAFF APPOINTMENT FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| EMPLOYEE ID | | FIRST NAME | | MIDDLE NAME | LAST NAME | | |
|  | |  | |  |  | | |
| CURRENT HOME ADDRESS | | | | CITY | PROV | POSTAL CODE | COUNTRY |
|  | | | |  |  |  |  |
| PERMANENT HOME ADDRESS (if different from current home address) | | | | CITY | PROV | POSTAL CODE | COUNTRY |
|  | | | |  |  |  |  |
| PHONE NUMBER | | EMAIL ADDRESS | | | DATE OF BIRTH (YYYY/MM/DD) | | |
|  | |  | | |  | | |
| **DETAILS OF EMPLOYMENT** | | | | | | | |
| ACTION (see back for options) | | | | | | | |
|  | | | | | | | |
| JOB TITLE | | | | REGULAR/TERM/CASUAL | | FULL/PART TIME | PART TIME (%) |
|  | | | |  | |  |  |
| **FUNDING** | | | | | | | |
| START DATE  (YYYYMMDD) | END DATE  (YYYYMMDD) | 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 & PHONE NUMBER): | | | | | | | |
| **SIGNATURES:** | | | | | | | |
| Manager 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.* |
| Fixed Term to On-going | *The position is changing from fixed term to on-going.* |
| EARNINGS 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 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’s 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.* |