## **HUMAN RESOURCES HIRING FORM**



O BE COMPLETED BY DEPARTMENT & FORW	VARD TO HR FOR APPROVAL	:
Replacement	New Hire	Secondment Contract Extension
Department:		Date (DD/MM/YYYY):
Job Title:		Replacement for (name of employee):
Rationale for Hiring (Replacement, New H	lire, Secondment, Contract E	Extension):
Budget Account Code:	Budget Salary: \$	Benefits: ☐ Yes ☐ No ☐ Other (Please specify):
	Hourly wage: \$	
Employment Status (Check one):  ☐ Full-Time ☐ Term/Contract ☐ Par	rt-Time (Hours/Week)	Employment Group (Check one):  USW CUPE UTFA Student/Casual Non-Union Work Study Other (specify)
Direct Supervisor:		
Request Start Date (DD/MM/YYYY):		Term/Contract End Date:
Description of Duties (If no job description	n attached) :	
Department Head Approval:	Date:	Human Resources Approval: Date:
O BE COMPLETED FOR SECONDMENT OR CO	ONTRACT EXTENSIONS (ADDI	·
Change to Employee Assignment:  Secondment		Employee Name (Last name, First Name):
Contract Extension		
Other:		
Rationale for change:		From (dd/mm/yyyy):  To (dd/mm/yyyy):
NTERNAL USE ONLY:		
Finance Approval:		Date:
Bursar & CAO Approval:		Date:
President Approval:		Date: