



PAYROLL ACTION FORM

Please type or print Legibly

UNIVERSITY OF
ST. MICHAEL'S COLLEGE
IN THE UNIVERSITY OF TORONTO

EMPLOYEE INFORMATION

| | | | |
|--|------|--|--|
| Last name | | First name | |
| Job Title | | Department | |
| Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP/CONTRACT | | Employment Group <input type="checkbox"/> Non-Union <input type="checkbox"/> USW <input type="checkbox"/> UTFA <input type="checkbox"/> CUPE <input type="checkbox"/> Student <input type="checkbox"/> Work Study <input type="checkbox"/> OTHER _____ | |
| Pay type <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly | | | |
| Department Head Signature | Date | Reviewed by Human Resources | |

NEW HIRES

| | | | | | |
|--|--|--|--|---|-----------------|
| <input type="checkbox"/> New Position Is new position included in recent budget Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No fill in comments section on funding source & budget impact/additional approval may be necessary</i> | | Charge Account No. <i>(Include account numbers and % of split)</i> | | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
| <input type="checkbox"/> Existing Position (replacement) <input type="checkbox"/> Temporary (students, temps, contractors) | | | | | |
| <input type="checkbox"/> 35 Hours per week <input type="checkbox"/> 40 Hours per week <input type="checkbox"/> Other _____ | Weekly Salary: _____ Hourly Rate: _____ Annual Salary: _____ | Probation Period: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> Other _____ | | Benefit Eligibility & Start Date Health Benefits <input type="checkbox"/> Y <input type="checkbox"/> N Start: _____ Pension Plan <input type="checkbox"/> Y <input type="checkbox"/> N Start: _____ <i>[As per pension bi-law can only start 1 month (Faculty), 3 month (Non-union), or 6 months (USW) after hire date]</i> | |
| Comments | | | | | |

CUPE EMPLOYERS

| | | | | |
|---|--|---|-------------------|-----------------|
| <input type="checkbox"/> Course Instructors <input type="checkbox"/> Teaching Assistants/Writing Instructors <input type="checkbox"/> Continuing Ed Instructors | | Charge Account No. | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
| <input type="checkbox"/> Salary Per Course _____ <input type="checkbox"/> Rate Per Hour _____ | \$75 Expense Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(to be paid only one time per academic year)</i> | Health Care Spending Account <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(coverage of \$500 max during academic year- Sept. to Aug.)</i> | | |
| Comments | | | | |

CHANGE INFORMATION

| | | |
|---|--------------------|-----------------|
| Change to Employee Assignment <input type="checkbox"/> <input type="checkbox"/> Extension of Contract End Date <input type="checkbox"/> Transfer <input type="checkbox"/> Rate Change <input type="checkbox"/> Other | Reason for Change: | Comment |
| | From (mm/dd/yyyy) | To (mm/dd/yyyy) |