



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 _____	\$200 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"/> \$650 First 0.5 FCE or 24 to 239 hours <input type="checkbox"/> \$375 Each additional 0.5 FCE or 120 hours or portion thereof to max of \$2000 per plan year		
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)



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DEPARTURE INFORMATION

Termination <input type="checkbox"/> Leave <input type="checkbox"/>	Last Day Worked (mm/dd/yyyy)	Reason for Departure <input type="checkbox"/> End of Contract <input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Research Leave/Sabbatical <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other _____	Comments
	Vacation Owed		