



For Hourly Paid Employees

EMPLOYEE: (Number & Name)

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DEPARTMENT:

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EMPLOYMENT FORM #:

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EMPLOYMENT INFORMATION CHANGE:

Name (supporting documentation required)	From		To	
Street Address	From		To	
City / Province	From		To	
Postal Code	From		To	
Telephone	From		To	
Account Number (1)	From		To	
Account Number (2)	From		To	
Hourly Rate	From		To	
Step	From		To	
End Date	From		To	

Change Reason: _____

Effective Date: _____

STUDENT / RESEARCH ASSISTANT ANNUAL ELIGIBILITY VERIFICATION:

**Employment forms for Student Assistants expire August 31st annually.
Continuation of posted positions upon receipt of verification of student status renewal only.**

September 1st to August 31st annually

Student Status Renewed		Effective:			Year:	
Verified by Human Resources:		Student #:			Verified By:	
Student Status Ended		Effective:			Last Day Worked:	

STATUS CHANGE:

Resignation from University:		Effective:			Last Day Worked:	
Resignation from Position:		Effective:			Last Day Worked:	
Layoff:		Effective:			Last Day Worked:	
Recall from Layoff:		Effective:			First Day Worked:	

Authorizing Signature: _____

Date: _____