

HR EVENT FORM

Α	EMPLOYEE INFORMATION											
	Person ID:	First Name:	First Name:			Surname:						
	Department Description:			Department ID								
В	EVENT											
	EFFECTIVE DATE OF EVENT (yyyy/mm/dd):											
(i)	☐ Vacancy	New Position A) Is proposed position includ	led in most	# Of Hires Required For This Vacancy:								
	○ Post○ Waive Posting(Contact HR)○ N/A (Example Temp)	recent budget proposal (If No, fill out comments on ful	nt budget proposal Y or N o, fill out comments on funding source &			Grade/Band:						
	(complete sections C-F as applicable)	B) Reason for New Position										
		O Existing Position (Replace	ement)									
		Employee Group:		Previo	us Incumbent Na	me & ID (if applicable):						
(ii)	☐ Change to Existing Positi applicable)	tion Information (complete secti	ions C-F as	Reason for Change:								
	☐ Change to Employee Ass ☐ Temporary Additiona ☐ Temporary Transfer	nal Duties (attach description/lis	(attach description/list of duties)			To (yyyy/mm/dd):						
	O Extension of Contract O Rate Change O Other	act End Date		From (hourl	\$ ly/salary):	To \$ (hourly/salary):						
(iii)	☐ Termination Last	t Day Worked (yyyy/mm/dd):	Position Co	ode: Reason for Termination:								
	Remaining Outstanding Vacation Days for Current Calendar Year (please note: vacation will be paid out or accrued earnings between July 1 and termination date for next vacation year, unless otherwise noted):											
	Comments:											
	DOOLTION INCODINATION			. 141 1	<u> </u>							
С		I (for vacancies and changes			formation)							
	Department Name and Dep	partment Code		Position Code:								
	Job Title:	Job Cod	Job Code:									
	Building Location, Room #/N	Mailstop:	Supervis	Supervisor Name, ID# and Position Code:								
	O Continuing	oorary ing Months):	Period of Term (yyyy/mm/dd): From: To:									
	Security Access Request			110111		10.						
	Security Access to be the same as position # Or check all access functions required: O Report Time O Approve Time O View Employee Personal Data O View Job Data O View Payroll Reports											



HR EVENT FORM

D	SCHEDULE IN	IFORMA	TION (fo	r sections	(i) or ((ii) abov	ve)									
	○ Full Time ○ Part Time				Nor	Normal Full Time Weekly Hrs For This Position (please complete regardless if FT or PT):										
	☐ Temporary Schedule Override ☐ Permanently Change Weekly Hours to be (please attach employee consent or contact H								Fro	From (yyyy/mm/dd):			To (yyyy/mm/dd):			
	☐ M-F Days 35		e consen	t or cornact	nrs,				rc/wk							
	☐ M-F Days 30) hrs/wk	v or Attaci	h)		☐ M-F Days 37.5 hrs/wk☐ Non-Scheduled Working Hours										
	Sur		Sunday	Monday	ay Tuesday \		We	ednesday	esday T		Thursday Frida		Saturday	/ Total	Total Weekly Hours	
	# of Hours Day															
	# of Hours Evening															
	# of Hours Nigl	ht														
	Total Daily Hou	urs														
E	ACCOUNT IN	FORMAT	TION (for	sections (i	i) or-(i	i) above	e). P	lease at	ach	sheet i	f more tl	nan 3	new Chart	field Stri	ings	
	Permanent Temporary Effective Date (yyyy/mm/dd): Expiry Date (yyyy/mm/dd)															
	Chartfield Fund String		d	Account	ount De		Department Pro			n PC Business Unit		Project		% Allocation (must equal 100%)		
	Existing	Existing														
	New #1	New #1														
	New #2															
	New #3	ew #3														
	Benefit															
F	POSITION HIE	POSITION HIERARCHY INFORMATION (For section B (i) (ii) (iii) above)														
	☐ This positio															
	☐ This incumb☐ There is NO													t is filled		
G	AUTHORIZAT	ION (ma	ndatory)													
	This form should contain the required signatures, in accordance with the Execution of Instruments document and all HR Compensation Protocols and Guidelines.										IR .					
	Department Approver Ext. Nam O Budget Unit Authority Ext. Nam Ext. Nam		me			nature				Date (yyyy/mm/dd)						
			me							Date (yyyy/mm/dd)						
		(For all Academic Areas - Provost of Delegate) Research Office Ext. Nam Finance Office		me	ne S		Siç	gnature				Date (yyyy/mm/dd)				
	O Research Offi			ne	е		Sig	Signature				Date (yyyy/mm/dd)				
	(as applicat															
Н		FOR HR USE ONLY														
									Step: Comments:							
	Completed By: Completion Date: Entered into: HRIS ☐ Sun Life ☐ Active member of Pension Plan ☐ ROE completed ☐															