



Agreement pertaining to method and amount of compensation

NOTE: New employee must first complete a Casual Employee Action and Change Form.

[Cut-off schedules](#) are available on the Human Resources Website.

Any forms that are incomplete will be returned to the department.

Employee/ Student Number:	Last Name:	First Name:
SIN :	Date of Birth (DD-MM-YYYY):	Position Number:

Banner Budget Code:																			
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Week 1	Date	Hours	Week 2	Date	Hours
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Hours Week 1			Total Hours Week 2		

Total Hours For Period: No of Hrs..... X Hrly Rate \$.....= Total Pay \$.....
Note: Hourly rate includes 4% vacation pay.

Prepared By:

Department Authorization: (Print)..... Date:

(Signature)..... Phone Ext:

Financial Services Authorization: Date:

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