

**PERSONNEL ACTION FORM - MUCEP STUDENTS**

Department of Human Resources

**COMPLETE SHADED AREAS**

|                       |   |
|-----------------------|---|
| Banner ID (Student #) | Employee's Name (Last, First, Middle Initial) |
|                       |   |
| Department Name       |   |
|                       |   |

**EMPLOYEE JOBS (NBAJOBS)**

|                             |          |         |   |
|-----------------------------|----------|---------|---|
| Effective Date (MM/DD/YYYY) | Position | E-Class | Timesheet/Check ORGN<br>(If different than FOAP ORGN) |
|                             |          | SU      |   |

**JOB DETAILS**

|                         |                       |             |          |
|-------------------------|-----------------------|-------------|----------|
| Begin Date (MM/DD/YYYY) | End Date (MM/DD/YYYY) | Hourly Rate | Earnings |
|                         |                       | \$18.65     | CEP      |

**JOB LABOR DISTRIBUTION**

|      |              |         |         |          |          |         |
|------|--------------|---------|---------|----------|----------|---------|
| Fund | Organization | Account | Program | Activity | Location | Percent |
|      |              | 66007   |         |          |          |         |
| Fund | Organization | Account | Program | Activity | Location | Percent |
|      |              | 66007   |         |          |          |         |

**EMPLOYEE INFORMATION (SPAIDEN)**

**T4 ADDRESS**

|                   |             |         |            |                   |       |  |
|-------------------|-------------|---------|------------|-------------------|-------|--|
| Permanent Address |             |         |            |                   | City  |  |
|                   |             |         |            |                   |       |  |
| Province          | Postal Code | Country | Home Phone | Emergency Contact | Phone |  |
|                   |             |         |            |                   |       |  |

**BIOGRAPHICAL**

|                            |                         |
|----------------------------|-------------------------|
| Date of Birth (MM/DD/YYYY) | Social Insurance Number |
|                            |                         |

**INTERNATIONAL INFORMATION (GOAINTL)**

Required for employees with Social Insurance Number starting with 9 (copy of SIN and VISA required)

Copy of SIN attached

Copy of VISA attached

|                              |      |         |                               |
|------------------------------|------|---------|-------------------------------|
| SIN Expiry Date (MM/DD/YYYY) | VISA | Country | VISA Expiry Date (MM/DD/YYYY) |
|                              |      |         |                               |

**DIRECT DEPOSIT INFORMATION (GXADIRD)**

Application for Direct Deposit attached

Already on file

|        |
|--------|
| DUTIES |
|        |
|        |
|        |
|        |

Is this employee a Canadian citizen?      Indicate Student's Academic Year \_\_\_\_\_ Estimated Hours \_\_\_\_\_

|              |                   |               |       |
|--------------|-------------------|---------------|-------|
| Completed by | Date (MM/DD/YYYY) | HR Processing |       |
|              |                   | Processed by: | Date: |
|              |                   |               |       |

|             |                   |
|-------------|-------------------|
| Approved by | Date (MM/DD/YYYY) |
|             |                   |