

**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 (If different than FOAP ORGN)
		SU	

**JOB DETAILS**

Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Hourly Rate	Earnings
		\$17.65	CEP

**JOB LABOR DISTRIBUTION**

Fund	Organization	Account	Program	Activity	Location	Percent
		66005				
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		66005				

**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)