PERSONNEL ACTION FORM - ISWEP 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
		$19.00	STU

JOB LABOR DISTRIBUTION

Fund	Organization	Account	Program	Activity	Location	Percent
		66007				
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		66007				

EMPLOYEE INFORMATION (PPAIDEN)
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)