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
		$18.25	STU

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)