**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<br>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) |
|---|---|
| | |