

NON-TEACHING PERSONNEL

Requisition and Hiring Form

Department or Service: _____

Classification: _____ Position Number: _____

Status: Regular (previous incumbent): _____

Replacement – Name of person to be replaced: _____

Specific Project _____

Occasional (additional workload or unforeseen event) Primary Task(s): _____

Number of days needed: _____ days

Workload: Full-time Part-time

Working hours: From: _____ To: _____ No. hours/week: _____

Does the Evening Shift Premium apply? (support staff only) Yes No

Duration of engagement: From: _____ To: _____
yyyy mm dd yyyy mm dd

Budget Code: _____ Approved by: _____
Director General signature

Approved by: _____
Authorized signature Date

Approved by: _____
Human Resources Department Date

SALARY MUST BE DEPOSITED INTO EMPLOYEE'S BANK ACCOUNT

Banking information is already on file and is valid, **IF NOT**

For chequing account, a void cheque is required OR For savings account, a direct deposit application form must be completed

Name of person hired: _____ Male Female
Last Name First Name

Starting date: _____
yyyy mm dd Authorized signature Date

Contact information is already on file and is valid

Address: _____
No. Street

City Postal Code

Telephone number: () _____

S.I.N.: _____

Date of birth: _____
yyyy mm dd

For Human Resources Department Only

Employee #: _____

Classification: _____

Step: _____ Rate: _____

Documentation Pending

Service: _____ S Service: _____

Approval: _____ Date: _____