

PAYROLL PROFILE (JOB AUTHORIZATION)

Purpose: This form authorizes payment to casual staff. Required sections are marked with an asterisk (*). If this is an initial payment, a Payroll Personal Information Form is required.

SECTION A – GENERAL EMPLOYEE INFORMATION

PLEASE PRINT OR TYPE

LAST NAME*		FIRST NAME*	INITIAL
BANNER ID*	DATE OF BIRTH (Enter if Employee # unknown)	DEPARTMENT/ORG (NUMBER AND NAME)*	
UNION / EMPLOYEE GROUP (IF APPLICABLE)	CONTRACT EE ? <input type="checkbox"/> Yes (please attach contract)	EMPLOYEE CLASS (PAYROLL USE ONLY)	

The above personal information is collected for the purposes of Payroll Processing and T4 Reporting. When this form is processed we establish a confidential file that is kept in Human Resources. We limit access to personal information in your file to Carleton University staff or persons authorized by Carleton University who require it to perform their duties as well as persons authorized by law.

SECTION B – GENERAL PAYMENT INFORMATION

POSITION NUMBER (Payroll Use Only)	JOB TITLE*
START DATE (YY/MM/DD)*	END DATE (YY/MM/DD)* Enter estimate if End Date is not known

<input type="checkbox"/> ONE TIME PAYMENT
Start Date:
End Date:
Total Amount Due:
Total Hours:
Reason for One-Time Payment:

SECTION C* – PAYMENT BASIS (SELECT ONE)

<input type="checkbox"/> HOURLY PAYMENT	<input type="checkbox"/> RECURRING PAYMENT
Hours / Week:	Total Amount Due:
Total Hours (hours / week x # weeks):	Number of Payments:
Rate of Pay:	Total Hours:
Submit "Hourly Pay Submission Form" with hours worked each pay period for payment	

SECTION D – LABOUR DISTRIBUTION	SECTION E – AUTHORIZATION OF PAYMENT	SECTION F – RESEARCH PAYMENTS ONLY FUNDS STARTING WITH 3, 18 & 7
Fund* For funds starting with 3, 18 or 7 complete Section F	Manager Name* - Please Print	Payee Status: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Casual
Org*	Signature*	Payment to include employer source deductions? <input type="checkbox"/> See Instructions for further details
Account*	Date (YY/MM/DD)*	Accounting Authorization
Program*	Phone Number	Date (YY/MM/DD)
Activity		<u>Submit to Research Accounting</u>

SECTION G – DEPARTMENT TIME ENTRY USERS ONLY

TIME SHEET ORG	PERSON RESPONSIBLE FOR ENTERING HOURS	PHONE NUMBER
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PLEASE RETURN TO: HR - Payroll Services 507 Robertson Hall. Carleton University (613) 520-3628	PAYROLL SERVICES USE ONLY - FOR RECURRING PAYMENTS			
	Effective Date:	Earn Code:	Default Earnings	
	Personnel Date:	Units:	ARREARS	Date Entered:
	Job Change Reason:	End Date:	Earn Code:	Initial:
			Units:	
		Amount:		
		End Date:		

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.