Payment Information Form

(40 hours/week)

Please submit this form to Helen Baggaley. Submissions without signatures will not be processed.

To be completed by payee (please print):

Name:			
Mailing Address:			
Postal Code:		U of A ID#:	<i>‡</i> :
Phone Number (s):		Email:	
Country of Citizenship:		SIN:	
Date of Birth:		GST Numbe	per:
To be completed by payer: coordinator, supervisor or faculty member			
Speed Code:		(for casual suppo	port, this is the default speed code)
Concurrent Job In Department?	Yes	No	
Type of payment: (check one)	Casual Suppo	ort	Academic (one time payment)
	Student (one	time payment)	Honorarium
Rate of Pay:	\$	per hour	GradeStep
Start Date:		End Date:	
One time/lump sum payment: \$ Position Title:			
For office use only:			
Employee Type:	Casual Level	1	Casual Level 1 - FT Student
	Casual Level	2	Auxillary Hourly
	Undergrad Str	udent	Grad Student
Fund Source:	Operating		Trust
Payee			Date
Coordinator, supervisor or facu	lty member		Date