

This form is used to notify Human Resource Services Operations of academic appointments, transfers, terminations, rate change, additional payment or to extend/renew an appointment. All forms must be accompanied by any required supporting documents such as contract letter, work permit etc. For assistance with this form, please contact your [HR Contact](#) or call (780) 492-4555.

Department _____ Dept. ID # (6 digits) _____ Nature of Action _____

Personal Information

Person ID # _____ Last Name _____ First Name _____ Middle Name _____

Previous Names (s) _____ Date of Birth _____ Gender Female Male Other

Social Insurance # _____ SIN # verified by Dept./Faculty Immigration Status: _____

Country of Citizenship (other than Canadian) _____ Expiry Date _____

Address _____ City _____ Prov/State _____

Postal Code _____ Country _____ Phone (Home) _____ Phone (Business) _____

Hire Details and Category

Regular OR Temporary | Full-Time OR Part-Time | Non-Position, Job Code _____ OR Position # _____

Hrs/Wk _____ FTE _____ Contingent

Bargaining Unit: _____ Employee Class: _____ Union Code: _____

Rank/Title (max. 30 characters): _____

Reports to (Supervisor) Name: _____ Supervisor ID _____ Position #: _____

Compensation

Total Compensation: \$ _____ **Payment** Hourly Monthly Annual One-time Payment

Effective Date: _____ End Date (if required): _____ Payment Type _____ % Distribution _____

Earn Code _____ Combo Code OR Chartfield String _____ Amount _____

Effective Date: _____ End Date (if required): _____ Payment Type _____ % Distribution _____

Earn Code _____ Combo Code OR Chartfield String _____ Amount _____

Effective Date: _____ End Date (if required): _____ Payment Type _____ % Distribution _____

Earn Code _____ Combo Code OR Chartfield String _____ Amount _____

For Terminations: _____ **Effective Date:** _____

Comments

Prepared By

Name _____ Phone _____ Date _____

Authorization and Approvals – The Department/Faculty and the Trustholder should retain a copy of the completed form for their records.

Authorization and Approvals are in accordance with the University of Alberta Signing Authority and Delegation of Signing Authority Policy and Signing Authority and Approval procedures. Refer to U of A Policies and Procedures Online (UAPPOL) www.uappol.ualberta.ca.

Authorized By: Name _____ Signature _____ Date _____

Internal Control Approval: Name _____ Signature _____ Date _____

Faculty/Dept Authorization: Name _____ Signature _____ Date _____

For HRS Use Only

Benefit Program _____ Benefit Pay _____ Probation/Trial End Date _____ Tenure/Cont Appt Date _____

Vacation Pay % _____ Length of Appointment _____ Pension Eligibility _____ Special Rules _____

Please submit completed form by email to employmentservices@ualberta.ca or mail to:
Employment Services, Human Resource Services, 2-60 University Terrace, University of Alberta, Edmonton, AB T6G 1K4

Academic Pay Action Form - Instructions

Department Information

Department – Provide your Department Name

Department ID – Provide your 6-digit Department ID Number

Nature of Action – Indicate one of the following: Additional Pay, Appointment Extension, Appointment Extension with Merit, Change in Hours/FTE, Combo Code/Chartfield Change, New Appointment, Rate Change, Re-appointment, Re-appointment with Merit, Rehire, Rehire with Merit, Transfer (Position/Department), or Termination.

Personal Information

Person ID # – All information in the Payroll/HR system is processed by PERSON ID numbers. If the individual was or is a student at the university indicate the student number. If the individual was previously employed at the university a Person ID number would have been assigned. Use Search Match in HCM to find the Person ID number. Duplicate Person ID numbers - ensure you have done a thorough and complete search prior to creating a Person ID number.

Date of Birth – The Date of Birth information is mandatory. The date is used in determining eligibility for deductions such as Canada Pension Plan (CPP). Format should be yyyy/mm/dd.

Social Insurance Number – The Social Insurance Number (SIN) is used to administer many government benefits including CPP and Employment Insurance. Every person working in Canada must have a SIN. Employees are required by law to show proof of their SIN by presenting a SIN card, letter (confirmation of SIN) or other documentation showing the SIN within 3 days of beginning employment and failure to do so is subject to a penalty of \$100.

Immigration Status – Must indicate the appropriate citizenship status. If the individual has a Study/Work Permit – must indicate the expiry date and a copy of the entry papers must accompany the appointment form. For all non-Canadians you must indicate the country of citizenship.

Address – The Home Address is required to ensure staff receive their T4's.

Phone – Indicate Residence and Business Phone numbers.

Hire Details and Categories

Regular / Temporary – Indicate whether a regular or a temporary appointment

Full-Time / Part-Time – Indicate Full-Time or Part-Time

Non-Position, Job Code – Indicate Job Code, if there is no position

Hrs/Wk – Indicate the standard hours per week the employee is working

FTE – Indicate FTE based on standard hours

Contingent – Indicate if a contingent appointment

Bargaining Unit – Indicate one of the following: ADMN (Administrative Appointment), APO (Admin Prof Officer), ATS (Academic Teaching Staff – July 2017), CAST (Contract Ac Teaching Staff), EXA (Excluded Academic), EXM (Excluded Management), FAC (Faculty), FSO (Faculty Service Officer), LIB (Librarian), NBU (Not applicable), SOTS (Sessional & Other Temp Staff), TRAS (Trust Research Academic Staff)

Employee Class – Indicate one of the following: Academic, Excluded Academic – Casual Hourly, Excluded Academic – Faculty of Ext., Excluded Academic – Term Excluded, Excluded Management, Trainee-PGME

Union Code – Indicate one of the following: ASA (Assoc. of Acad Staff), EXC (Excluded), and NAU (Not applicable)

Rank/Title – Provide person's rank/title (ie. Assistant Professor, Manager etc)

Reports to (Supervisor) Name – Must provide the Supervisors name, along with ID OR Position number

Compensation

Total Compensation – Provide a combined total of your Regular Salary and Market Supplement. Any Salary Supplement or Administrative Stipend will not be included in this total

Payment – Indicate one of the following: Hourly, Monthly, Annual, or One Time Payment

Effective Date/End Date – Indicate the dates of appointment. Format should be yyyy/mm/dd.

Payment Type – Indicate one of the following: Administrative Stipend, Honorarium, Market Supplement, Regular Salary, Salary Supplement

% Distribution – If the total compensation which is Regular Salary and Market Supplement is split among multiple payment types, indicate the percentage distribution for each one. (Example: Total compensation= \$120,000. Regular Salary= \$100,000 or 80%, Market Supplement = \$20,000 or 20%. Total distribution must equal 100% and match the amount listed in Total Compensation)

Earn Code – Complete if known

Combo Code OR Chartfield String – The payment cannot be processed without a complete and active combo code or chartstring string

Amount – Total amount to be paid for the appointment period for this combo code or chartstring string