

REQUEST FOR CONTRACT FORM

A. EMPLOYEE BIOGRAPHICAL INFORMATION				
Employee ID	Birth Date (dd/mmm/yyyy)	Social Insurance #	Gender	
Legal Last Name		Legal First Name	Middle Name(s)	
Address (<i>New hires only</i>)			Telephone (<i>New hires only</i>)	
City	Province	Postal Code		

B. POSITION DETAILS				
Posting #	Position #	% Full Time (FTE)	Budget Code	
Position Title				
Start Date	End Date	Department		
Main Campus of Position (<i>Check only one</i>)				
Abbotsford	Chilliwack	Mission	Clearbrook	Hope
		Other _____		

C. PAYMENT DETAILS				
Salary Group & Step	Hourly Rate	Timesheet		
		Yes	No	

D. CONTRACT TYPE				
Staff	Faculty	Exempt	Student	
Permanent Type A Temporary Type C or D Hourly	Permanent Type B Sessional Limited Term	Overload	Permanent Temporary Hourly	General Research Co-Op

E. COURSE ASSIGNMENT						
CRN	Semester	Course	Section	Day(s)	Time	Sect Wgt

<u>Other Information</u>				
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F. APPROVALS			
Supervisor / Dept Head	Name	Signature	Date
AVP / Dean / Director			
VP / Exec Director			

To be completed by Human Resources & Financial Services				
EClass:		Increment Date:		
CONFIRMATION: Human Resources Payroll Budgets	Name	Signature	Date	