

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 (New hires only)		Telephone (New hires only)	
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 (Check only one)					
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	Permanent Type B	Overload	Permanent	General
Temporary Type C or D	Sessional	Hourly	Temporary	Research
Hourly	Limited Term		Hourly	Co-Op

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

<u>Other Information</u>

F. APPROVALS	Name	Signature	Date
Supervisor / Dept Head			
AVP / Dean / Director			
VP / Exec Director			

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