

NOTE: Must download to use. Save to device. Work from saved copy.

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> (for student contracts) <p>Student research assistants - internally funded; designated research funds</p> <p>Student research assistants - externally funded; designated research funds</p>						
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: Human Resources Payroll Budgets	Name	Signature	Date			