



PAYROLL REQUEST FORM

Employee #: _____ Company: _____ Job Code: _____
(Internal use only)

Employee Name: _____ Position: _____

Department: _____ Dept Manager: _____

StFX Email: _____ Student: Yes No

Is a current contract on file? Yes No Date of expiry on current contract: _____

For all New or Re-Hires, attach a copy of signed employment contract or Casual Contract

Start Date: _____ End Date: _____

Account Number to be charged: _____

PLEASE CHECK ONE:

Annual Salary \$ _____ Hours Per Week _____

Hourly Rate \$ _____ Hours Per Week _____

PT Academic Instructor \$ _____
 Fall Winter Spring/Summer

Supplemental Payment \$ _____ Reason _____

Authorizing Signature: _____ Date: _____

HR Approval: _____ Date: _____

Finance Approval: _____ Date: _____

For Payroll Use: