



ST. FRANCIS XAVIER UNIVERSITY

Payroll Request Form

Employee # _____ Company _____
(Not Applicable for New Hires) (For Payroll Use)

Employee Name: _____ Position: _____

Department: _____ Department Manager: _____

StFX Email: _____ Student: Yes No

Is a current contract on file? Yes No Date of Expiry on Current Contract (if known): _____

For all New or Re-Hires, attach copy of signed employment contract or Student/Casual Worker Form

Start Date: _____ End Date: _____

Account Number to be charged: _____

PLEASE CHECK ONE:-

Annual Salary: \$ _____ Standard Weekly Hours _____

Hourly Rate: \$ _____ Standard Weekly Hours _____

- If variable hours are worked, will hours be submitted? Yes No

Lump Sum Payment \$ _____ Total Hours Worked in Lump Sum: _____

- If Lump Sum Payment, payment schedule: One-time Payment Bi-weekly Payments Over Term

- Reason for Lump Sum: _____

Authorizing Signature _____ Date _____

HR Approval _____ Date _____

Finance Approval _____ Date _____

For Payroll Use:-