

EMPLOYEE TRANSACTION FORM CASUAL EMPLOYEE

Contact Name:	
Originator: Faculty & Department	
Contact Telephone:	
Contact Email:	
Department Tracking:	

**** Please Note: Timesheets Must be attached for Processing by Payroll ****

PERSONAL DATA			
Previous SIN (if applicable):	Expiry Date:	Social Insurance Number:	Expiry Date:
Employee ID:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		Birth Date: (mm/dd/yy)
Surname, First Middle:			Prefix:
Apt Number:	Street Address:		
City:		Province:	
Country:	Postal Code:	Home Telephone: ()	

Is this employee a student at York? Yes No *If yes, please provide York Student ID:*

FOR DIRECT DEPOSIT PLEASE ATTACH A VOID CHEQUE

JOB DATA (RECORD #)							
Action:		Reason:			Effective Date:		End Date:
Job Title:				Job Code:		Hourly Rate:	
Working Department:			Department Number:		Union Affiliation:	Location:	
Account	Fund	Cost Centre	Activity	Time	Location	Percent	Amount
Account	Fund	Cost Centre	Activity	Time	Location	Percent	Amount
Department Comments:							

FOR OFFICE (RECORDS/PAYROLL PROCESSING) USE ONLY

AUTHORIZATION (USE BLUE INK ONLY)			
Completed By: (Please Print)	Signature:	Contact Telephone:	Date:
Approved By: (Please Print)	Signature:	Contact Telephone:	Date:
Records:	Signature:	Extension:	Date:
Payroll:	Signature:	Extension:	Date: