



Payroll Services Fixed Remuneration Form

The Casual Employee Action and Change Form must be submitted in conjunction with this form in order for payment to occur.

NOTE: Employment may not commence before and is conditional upon Financial Services Authorization. Any forms that are incomplete will be returned to the department.

Employee/ Student Number: Last Name: First Name: SIN: Date of Birth (DD-MM-YYYY): Position Number:

Description of Work (mandatory):

Banner Budget Code: [Grid of boxes]

Table with columns: Pay Date (DD/MM/YY), Service Worked (From (DD/MM/YY) To (DD/MM/YY)), Hours Worked per Week, Amount (Weekly), Total Bi-Weekly. Includes a Total Remuneration row at the bottom.

Prepared By: Department Authorization: (Print) Date: (Signature) Phone Ext: Financial Services Authorization: Date:

OFFICE USE ONLY [Large empty box]