

TEMPORARY EMPLOYMENT CONTRACT

PLEASE COMPLETE ALL FIELDS AND SUBMIT TO HUMAN RESOURCES (HR@SELKIRK.CA)

Date: _____

PERSONAL INFORMATION

Resource ID: HR ONLY	Employee Name:	Student #:	Phone :
Mailing Address:		Email:	

POSITION INFORMATION

Employee Group: <input type="checkbox"/> SCFA <input type="checkbox"/> PPWC <input type="checkbox"/> BCGEU <input type="checkbox"/> EXEMPT <input type="checkbox"/> N/A	Location:
Department/Division:	Position:

CONTRACT DETAILS

Start Date:	End Date:	Requires Selkirk Email: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Sessions:	Days of the Week:	Total Contract Hours:
Hourly Rate: \$	Rate based on:	Vacation Pay (%):
ATT Value:		

Duties:

Total Wages: \$ _____	Work Order: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Estimated Other Expenses (Specify) \$ _____	Work Order: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
_____ \$ _____	_____										

DOCUMENTATION

TD1 (fed) Form attached TD1BC (Prov) Form Attached Void Cheque Attached

I offer to provide the service described above according to the schedule and terms indicated. I understand and accept the above conditions of employment. In signing this form, I agree to adhere to Policy 6000 "Employee Code of Conduct and Conflict of Interest" and all [policies](https://selkirk.ca/news/selkirk-college-response-covid-19) of Selkirk College. Please refer to <https://selkirk.ca/news/selkirk-college-response-covid-19> for COVID-19 Safety Plans, policies, guidelines and procedures that are in place to reduce the risk of COVID-19 transmission.

FOR INSTRUCTIONAL CONTRACTS:

I understand this contract will be cancelled if enrollment is not sufficient to establish the course on the first season, or may be cancelled prior to commencement of the course at no cost to the College.

Minimum enrollment to establish course: _____. I also understand that this contract may be cancelled upon three (3) days notice, if enrollment drops below the minimum required to establish the course.

Employee	Date	Signature
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AUTHORIZATION

Immediate Supervisor / School Chair / Dept Head	Date	Signature
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CEES Administrator	Date	Signature
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Human Resources	Date	Signature
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