

# EMPLOYMENT CONTRACT FORM

FOR NEW CONTRACTS OR RENEWED APPOINTMENTS.

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

## PERSONAL INFORMATION

Resource ID: HR ONLY	Employee Name:	Phone Number:	Date:
Mailing Address:		Email Address:	

## 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	Competition #:	Location:
Department/Division:	Position:	

## CONTRACT INFORMATION

Start Date:	End Date:	# PD/CD Days Included:
-------------	-----------	------------------------

### SELECT CONTRACT OPTIONS

Temporary
  Casual
  On-Call
  Sessional
  Short-Term
  Non-Regular
  Regular

Probation Period:  Yes  No
 Please Explain:

### WORKLOAD

Per Time-Sheet
  Part-Time
  Full-Time:  37.5 hours  35 hours

Contract %: \_\_\_\_\_

### PAY

Scale Placement Step: \_\_\_\_\_ Rate: \_\_\_\_\_  Per Hour  Per Day  Bi-Weekly  Annually

Stipend: \_\_\_\_\_ Type: \_\_\_\_\_ Reason: \_\_\_\_\_

## BUDGET INFORMATION

Work Order: 


 % \_\_\_\_\_

Work Order: 


 % \_\_\_\_\_

Work Order: 


 % \_\_\_\_\_

Work Order: 


 % \_\_\_\_\_

## NOTES

## AUTHORIZATION

\_\_\_\_\_  
Immediate Supervisor / School Chair / Dept Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dean / Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature