

TEMPORARY EMPLOYMENT CONTRACT

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:	

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:	Competition # :
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:	Hours per Session:
Hourly Rate: \$	Rate based on:	Vacation Pay (%):
Lump Sum Payment: \$		

Duties:

Total Wages:	\$ _____	Work Order:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Estimated Other Expenses (Specify)	\$ _____	Work Order:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
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TOTAL CONTRACT:	\$ _____			

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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_____ Dean / Director	_____ Date	_____ Signature
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_____ Vice President	_____ Date	_____ Signature
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_____ Human Resources	_____ Date	_____ Signature
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