EMPLOYMENT CONTRACT FORM



FOR NEW CONTRACTS OF RENEWED APPOINTMENTS.
PLEASE FILL OUT ALL FIELDS AND SUBMIT TO HUMAN RESOURCES

Human Resources



PERSONAL INFORMATION			
Full Name:	Mailing Address:		
Date of Birth (MM/DD/YY):	Phone Number:		
Email Address:			
POSITION INFORMATION			
Union: SCFA PPWC BCGEU N/A	Competition #: Department/Division:		
Location:	Position:		
CONTRACT INFORMATION			
Start Date	End Date:		# PD/CD Days Included:
SELECT CONTRACT OPTIONS			
Probationary Temporary Casual On-call Sessional Short-term Non-Regular Regular			
WORDLOAD			
Per time-sheet OR Full-time: 37.5 hours OR Part-time: contract %			
PAY			
Scale Placement Step: Rate: Per hour Per Day Per Month			
Stipend: Type: Reason:			
BUDGET INFORMATION			
Account Code:			%
FOR HR USE ONLY			
BENEFITS Eligible Not Eligible VACATION Accrual or% EMPLOYEE # CONT. LETTER			
Notes:			
AUTHORIZATION			
School Chair C	Date	 Signature	
Dean / Manager	Pate	Signature	

Signature

Date