



Payroll Appointment Form (PAF) for Non-Affiliated Temporary Appointments

*****ONLY COMPLETED FORMS WILL BE PROCESSED*****

[***For research employees, see How to complete the PAF and complete page 2 of this form***](#)
[For all other appointments, please see payroll guide for the completion of Payroll Appointment Form \(pp4\)](#)

Appointment/Re-appointment Extension Early End Funding Change Only Correction/Update Lump Sum

EMPLOYMENT TYPE			SCHOLARSHIP
Research Assistant	Recreation Services Staff	Other Non-Continuing	Graduate Scholarship
Research Support	Lump Sum: Post Doctoral Fellow		National Scholarship

APPOINTMENT DETAILS

SFU ID Employee's email address

Last Name First Name Initial

Department Position Title Position #

Effective Date (YYYY-MM-DD) End Date (YYYY-MM-DD)

Health Benefits
 Apply eligible benefits
 Do not apply eligible benefits

Hourly Rate OR *Do not enter both* Bi-Weekly Payment Amount Lump Sum Adjustment *Provide reason in Comments*

Hours and minutes (biweekly): Hours and minutes (biweekly): Lump sum hours:

Employed by SFU?
 Yes
 No, provide employer legal name and contact details in Comments

COMMENTS:

FUNDING DETAILS

Estimated total bi-weekly hours to be encumbered for hourly employees:

Project (6-8 digits)	Object (4 digits)	Fund (2 digits)	Department (4 digits)	Program (5 digits or use 00000)	% Split	Bi-weekly Rate (if % Split)	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)

If FUNDING CHANGE ONLY, enter current funding information

Check if requesting transfer of Payroll Actuals. Enter the Total Salary Amount to Transfer and attach the [DA Query](#):

Project (6-8 digits)	Object (4 digits)	Fund (2 digits)	Department (4 digits)	Program (5 digits or use 00000)	% Split	Bi-weekly Rate (if % Split)	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)

As signing authority, I certify that the appointment and its applicable benefits are eligible and for the purpose of the funding. I will also be responsible for any over-expenditure incurred on the funding source(s) as result of the appointment and will arrange to clear it. In accordance with the Tri-Agency Financial Administration Guide, this appointment is not for any part of compensation: to a grantee or to other persons who status would make them eligible to apply for grants related to the Tri-Agency (NSERC, SSHRC, or CIHR); or for any co-applicants and collaborators of the grant regardless of their eligibility to apply for grants. Furthermore, the appointment is NOT for a family member of the account holder or signing authority. If a family member relationship exists then additional approvals must be attached in accordance with policies [GP37](#) and [R10.01](#). Please see the procedures contained in [GP37](#) for more information.

HIRING DEPARTMENT

Signature Authority:
 Print Name:
 Date: (YYYY-MM-DD)
 Contact Name:
 Contact Email:

REVIEWED BY

Signature:

****NOTE THAT SIGNATURES ON PAGE 1 REFLECT APPROVAL FOR INFORMATION PROVIDED ON BOTH PAGES****

ADDITIONAL INFORMATION REQUIRED FOR RESEARCH EMPLOYEES

The following information is required to produce Offers of Employment and process payroll records. This form is not required for scholarship income.

SECTION 1: NEW APPOINTMENT OR RE-APPOINTMENT

Check if this is a **Fixed Term** appointment. *NOTE: Will result in full payout to the employee should the appointment end early.*

REPORTS TO

Name: _____
Position/SFU ID: _____
Email: _____

VACATION *(If left blank, the minimum will be applied)*

Time (min. 10 days/ 2 weeks) per year: _____ days
Pay % in lieu (min. 4%) _____%

JOB DUTIES *Enter or copy/paste duties below, or attach a supplemental document*

DOCUMENT CHECKLIST *Indicate which forms accompany this PAF for all new appointments:*

Personal Data Form
Copy of Permanent Resident Card (front and back)
TD1 (Personal Tax Credits Return)
TD1BC (BC Personal Tax Credits Return)

Temporary Foreign Worker
Work permit/Study permit
SIN Confirmation Letter with SIN expiry date

SECTION 2: ENDING AN APPOINTMENT BEFORE CONTRACT END DATE

For resignation and contracts being ended early. Not required if appointment is ending according to employment contract.

Reason for appointment ending:

Resignation - please provide notice from employee
Appointment ended by PI/Supervisor - provide reason:

Last Day Worked: _____ YYYY-MM-DD

Will the employee:

Work their notice period
Be paid out their notice period

If applicable, indicate the vacation payout amount (for salaried only): Total vacation payout \$ _____ OR number of hours: _____

The information on this form is collected under the authority of the University Act (RSBC 1996, C. 468), the Income Tax Act, the Pension Plan Act, the Employment Insurance Act, the Financial Information Act of BC, and the Workers Compensation Act of BC. The information on this form is used by the University for payroll and benefit plan administration, statistical compilations, and operating programs and activities as required by University policies. The information on this form is disclosed to government agencies as required by legislation. In accordance with the Financial Information Act of BC, your name, and Remuneration is public information and may be published. If you have any questions about the collection and use of this information, please contact the Manager, Payroll.