

CASUAL ACADEMIC STAFF – AMENDMENT TO APPOINTMENT FORM

FACULTY/OFFICE USE ONLY:

Faculty/Office: _____ Department: _____

Unit of Study Ref: _____ (optional)

Current Occupant:

Employee Number : _____

Family Name: _____ Other Names: _____

THIS FORM IS TO BE USED TO CHANGE THE PREVIOUSLY APPROVED HOURS/SESSIONS AND ESTIMATED PERIOD OF EMPLOYMENT.

May now be employed from: ____ / ____ / ____ to ____ / ____ / ____

(previous start date) (end date) - Revised? Yes

Job No.	Position Number	Budget Unit Code	Rate to be Paid	Original Total Hrs/ Sessions	New cumulative Total Hrs/ Sessions	New Total Cost	Account Number (Reference Purposes Only)	% A/C
	__ C ____ 000	_____	\$.			\$.	____ / ____	
	__ C ____ 000	_____	\$.			\$.	____ / ____	
	__ C ____ 000	_____	\$.			\$.	____ / ____	
	__ C ____ 000	_____	\$.			\$.	____ / ____	
	__ C ____ 000	_____	\$.			\$.	____ / ____	

Recommended: _____ Recorded in Faculty/Office: _____(inits)

I hereby APPROVE and certify that this appointment remains of a true casual nature and complies with current University policy.

_____/_____/_____
 Head of Faculty/Office or other Human Resources Delegate (Date)

HR USE ONLY:

Processed/entered: _____(inits) ____/____/____ Checked: _____(inits) ____/____/____