

# CASUAL PROFESSIONAL STAFF - AMENDMENT TO APPOINTMENT FORM

## FACULTY/OFFICE USE ONLY:

Faculty/Office: \_\_\_\_\_ Budget Unit Code: \_ \_ \_ \_

Position No.: \_\_\_\_\_ Position Title: \_\_\_\_\_ Job: \_\_\_\_\_

## Current Occupant:

Employee Number : \_\_\_\_\_

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

## THIS SECTION IS TO BE USED TO CHANGE THE PREVIOUSLY APPROVED HOURS AND ESTIMATED PERIOD OF EMPLOYMENT.

May now be employed from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Hourly Loaded Rate	Original Total Hours	New (cumulative) Total Hours	New Total Cost	Account Number (Reference Purposes Only)	% A/C
\$ .			\$ .	____ / ____	
				____ / ____	

**THIS SECTION IS TO BE USED ONLY FOR ACCOUNT CODE CHANGES** – where the appointee and the position remain the same.

Further appointment during period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hourly Loaded Rate	Total Hours	Total Cost	Account Number (Reference Purposes Only)	% A/C
\$ .		\$ .	____ / ____	
			____ / ____	

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) \_\_\_\_ / \_\_\_\_ / \_\_\_\_