



**HIRING and/or Compensation Change Authorization Form**

The Human Resources Department will require this form to initiate the hiring process for all new positions within Union and Non Union groups, excluding students, full time faculty members and ICA appointments.

**Forwarding Route: Dept Head/Division Chair > Senior Management Approval>VP Academic and Research> VP Finance > President >Human Resources**

**Position Title:** \_\_\_\_\_

<b>Union Affiliation</b>		<b>Status:</b>	
<input type="checkbox"/> FUNSCAD Unit I	<input type="checkbox"/> FUNSCAD Unit II	<input type="checkbox"/> Temporary	<input type="checkbox"/> Sessional
<input type="checkbox"/> NSGEU	<input type="checkbox"/> Union Exempt	<input type="checkbox"/> Casual (Unit II)	<input type="checkbox"/> Term
			<input type="checkbox"/> Permanent

**Reason For Hire/Change (check all applicable):**

<input type="checkbox"/> New Position	<input type="checkbox"/> Replacement	<input type="checkbox"/> Title Change
<input type="checkbox"/> Sabbatical Replacement		<input type="checkbox"/> Other
<input type="checkbox"/> Increase hours	<input type="checkbox"/> Decrease hours	<input type="checkbox"/> No change to hours
		<input type="checkbox"/> Retirement Replacement
		<input type="checkbox"/> Additional Responsibilities

Notes:

**How does this support the Strategic Plan?** (explain with additional sheets if necessary):

**Term of Contract / Date of Anticipated change:**

Start Date: \_\_\_\_\_ End Date (If Applicable) \_\_\_\_\_

4 month Sessional       8 month Sessional

**Position Description Attached?**  Yes  No

Describe nature of changes to the position if applicable:

<b>Rate of Pay or Estimated Increase:</b>		<b>Rank / Classification</b>	
<input type="checkbox"/> Annual	\$ _____	Anticipated Cost of Change	\$ _____
<input type="checkbox"/> Hourly	\$ _____	<input type="checkbox"/> Honorarium	\$ _____
<input type="checkbox"/> Stipend	\$ _____	<input type="checkbox"/> Other Fees	\$ _____

**Budget Account:**

Department: \_\_\_\_\_ Budget Account #: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only:**

**Approval:**

Dept Head/Div Chair/Director	_____	Date:	_____
VP Academic & Research	_____	Date:	_____
VP Finance & Admin:	_____	Date:	_____
President:	_____	Date:	_____