

Prepared by: \_\_\_\_\_ Ext: \_\_\_\_\_

**Section 1 – Employee Information**

**Affiliation:**  
 OPSEU    MAC    Senior Admin.    RFA    RFA Associate (Admin Appointment)    CUPE 233    CUPE PT&S

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Title: \_\_\_\_\_ Department/School: \_\_\_\_\_ Position Number (if known): \_\_\_\_\_

**Section 2 – Salary Change, Bonus, Gift or Award (to be completed for changes to existing salary)**

Effective Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy) – if applicable: \_\_\_\_\_

Monthly Stipend (RFA): \_\_\_\_\_ Acting/Temp Allowance (% increase to salary): \_\_\_\_\_ Acting/Temp Assignment (Salary/Wage Rate): \_\_\_\_\_ Other - New Salary and Rationale: \_\_\_\_\_

**RFA Overload:**  
 Overload Level: \_\_\_\_\_ Overload Hours: \_\_\_\_\_ Overload EI Hours: \_\_\_\_\_ Overload Total: \_\_\_\_\_

**CUPE PT&S (Unit 1):**  
 Semester: \_\_\_\_\_ Extra Student Payment: \_\_\_\_\_ Pay in Lieu of Notice: \_\_\_\_\_ Service Adjustment: \_\_\_\_\_  
 Fall  
 Winter  
 Spring/Summer

**Section 3 – Work Schedule Changes**

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): *if applicable* \_\_\_\_\_ New Weekly Hours: \_\_\_\_\_

**Section 4 – Leaves of Absence (please attach original employee request for leave/leave extension)**

New    Extension    Revision   *Note: If an employee will take vacation at the end of an approved leave, please indicate vacation dates under "Other"*

TYPE OF LEAVE:	START DATE (first day of leave) mm/dd/yyyy:	END DATE (last day of leave) mm/dd/yyyy:
<input type="checkbox"/> Pregnancy		
<input type="checkbox"/> Parental		
<input type="checkbox"/> LTD		
<input type="checkbox"/> WSIB		
<input type="checkbox"/> Other (specify): _____		

**Section 5 – Non-Work Period (Partial-year employees only)**

Start of Non-Work Period (mm/dd/yyyy): <i>(Last paid day- including any vacation/CTO paid days)</i>	End of Non-Work Period (mm/dd/yyyy): <i>(First day Back at Work)</i>	<b>Note: All CTO credits and vacation credits may be applied to the end of the scheduled work period, or paid out. Maximum of 10 days vacation can be carried over.</b>
		<input type="checkbox"/> Pay out _____ Vacation days and remaining CTO Credits <input type="checkbox"/> Pay out Remaining Vacation/CTO Credits

**Section 6 – Termination (Please attach original termination document (ie: letter of resignation, retirement letter etc...))**

Resignation    Retirement    Early Retirement    Termination    Other (please specify): \_\_\_\_\_

Date Last Worked (mm/dd/yyyy): \_\_\_\_\_ Termination Date (mm/dd/yyyy) : \_\_\_\_\_ Vacation Days to be Paid: \_\_\_\_\_ CTO Hours to be paid: \_\_\_\_\_

**Section 7 – Departmental/Faculty Authorization**

Distribution Code:	Split:	Effective Date:
_____ _____ _____ _____ _____ _____ _____ _____ _____	\$ _____ % _____	_____
_____ _____ _____ _____ _____ _____ _____ _____ _____	\$ _____ % _____	_____
_____ _____ _____ _____ _____ _____ _____ _____ _____	\$ _____ % _____	_____

*I confirm that the above changes are consistent with Ryerson policies, Collective Agreements, and applicable legislative requirements.*

Department Authorized Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Sr. Director (if required): \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_