



COURTESY - SUPPORT STAFF PAYROLL AGREEMENT FORM

EMPLOYEE INFORMATION

_____		_____	_____	
Legal Name (First, Middle, Last)		Date of Birth	Social Insurance Number	
_____		_____	_____	_____
Mailing Address		City	Prov	Postal Code
_____	_____	_____		
Home Phone	Cell Phone	Email Address		

EMPLOYER INFORMATION

Name of Local Employing Organization: _____

_____	_____	_____
Name of Contact Person	Phone Number	Email Address

POSITION INFORMATION

SALARIED POSITION

HOURLY POSITION

Position Title: _____

Gross Monthly Salary \$ _____

** Employer is billed gross salary + employer costs*

Hours Worked per Week _____

** (Gross Monthly Salary x 12) / (Hours Worked per Week x 52) must equal at least minimum wage.*

Medical Services Plan Benefit Yes No
** Provincial health insurance plan, basic medial coverage.*

SDACC Health Benefits Plan Yes No
** Extended health care plan, vision care, dental care, etc.*

In order to comply with the Employment Standards Act - Vacation Pay legislation, I understand that salaried employees will receive 6% of their annual employment earnings in paid time off. The Act requires employers to ensure that employees take time off for annual vacations.

Board Chair Initial _____

Position Title: _____

Hourly Rate \$ _____ /Hour

** Employer is billed gross salary + employer costs*
*** Hourly rate must be at least minimim wage.*

In order to comply with the Employment Standards Act - Vacation Pay legislation, I understand that hourly employees will receive an additional vacation pay amount equal to 6% of their gross earnings per pay. Therefore hourly employees will not be paid for time taken off for vacation.

Board Chair Initial _____

Section 58(2)(b) of the Employment Standards Act (BC) allows employers with the approval of the employee, to pay the employee vacation pay on a per pay period basis. I hereby authorize my employer to pay my vacation entitlement (6% of total gross wages) on a per pay period basis.

Employee Initial _____

Employment Commences _____ / _____ / _____

Month Day Year

Employment Ceases _____ / _____ / _____

Month Day Year

** If employment is ongoing, please leave "Employment Ceases" blank. The employee's payroll status will only be adjusted when notice is received.*

_____	_____	_____
Employee Name - Print	Employee - Signature	Date
_____	_____	_____
Board Chairperson Name - Print	Board Chairperson - Signature	Date