

NON-STUDENT CASUAL HIRING AUTHORIZATION FORM**HIRING AUTHORIZATION FORM DEFINITIONS & INFORMATION**

| REASON FOR EMPLOYMENT REQUISITION: | |
|---|--|
| New Casual Position: | Funding has been approved (through the appropriate Vice-President) for the creation of a new casual position and this will be an addition to existing staff positions. |
| Replacement: | Casual employment may be utilized to temporarily replace a currently approved permanent positions on a short-term basis and are not to be employed for longer than 6 months. |

Please provide the rationale for the casual employment

CASUAL HIRING AUTHORIZATION FORM

The People & Culture department requires this form to initiate the casual hiring process. Definitions and employment requisition details can be found on the next page. **Please ensure information provided on the form is accurate and the form is fully complete before submitting. Failure to confirm information may cause delay.**

Submitted by: _____

Position Title: _____

Date Submitted: _____

Previous Incumbent (If applicable): _____

Department: _____

Number of Positions: _____

Position #: (*req'd if not a new casual position) _____

| Request from Department | | | | |
|---|---|------------------|---|-------------|
| Reason for Casual Employment: <input type="checkbox"/> New Casual Position <input type="checkbox"/> Replacement for Existing Budgeted Position | Casual Employment Type: <input type="checkbox"/> Non-student casual | | | |
| Work Schedule: _____ average hours per week (if adhoc, provide estimate) _____ | | | | |
| Position Reports to (position title): _____ | | | Anticipated Start Date: _____ | |
| Proposed Salary: _____ | | | End Date: _____ <i>*Casual employment can only be requested for a duration of 6 months.</i> | |
| Source of Funding: | | | | |
| Budget Code: | Fund (6) | Organization (4) | Account (5) | Program (4) |
| _____ Hiring Manager Name | _____ Signature | | _____ Date | |
| _____ Appropriate SMG Name | _____ Signature | | _____ Date | |
| _____ Appropriate EMG Name <i>Confirmation of receipt and approval.</i> | _____ Signature | | _____ Date | |
| _____ AVP People and Culture | _____ Signature | | _____ Date | |
| Forwarding Route: Hiring Manager → SMG Member → EMG Member → People & Culture | | | | |
| Please send completed and approved form to mailto:talentacquisition@smu.ca | | | | |