

SHIFT PREMIUM, CALLBACK AND ON CALL AUTHORIZATION FORM

Personal information is collected for the purposes of Payroll Processing and T4 Reporting. When this form is processed access to personal information is limited to staff or persons authorized by Carleton University who require it to perform their duties as well as persons authorized by law.

Employee #	Employee Name	Department

CUPE 2424
 Non-Union

SECTION 1 - SHIFT PREMIUM (CUPE 2424 ONLY) - TO BE COMPLETED BY EMPLOYEE

MONTH _____

EVENING Payroll Earn Code 352

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																															

Total Weekday Evening Shift Hours: _____

NIGHT Payroll Earn Code 353

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																															

Total Weekday Night Shift Hours: _____

WEEKEND Payroll Earn Code 354

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																															

Total Weekend Shift Hours: _____

Employee's Signature Date

SECTION 2 - CALLBACK - TO BE COMPLETED BY EMPLOYEE

MONTH _____

Payroll Earn Code 320

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																															

Total hours for the month: _____

Calculation of Amount Due (Department)

Employee's Signature Date

SECTION 3 - ON CALL - TO BE COMPLETED BY EMPLOYEE

MONTH _____

Payroll Earn Code 320

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																															

Total hours for the month: _____

Calculation of Amount Due (Department)

Employee's Signature Date

SECTION 4 - MANAGER'S APPROVAL

I hereby approve the time worked noted above and I agree to payment.

Manager's Name (Please Print) _____
Manager's Signature _____
Date

SECTION 5 - DEPARTMENT ADMINISTRATOR APPROVAL (IF REQUIRED)

Administrator's Name (Please Print) _____
Administrator's Signature _____
Date

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, HR Infrastructure and Renewal. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.