## **BBS NEW HIRE REQUISITION FORM**

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| JOB INFORMATION   |                                  |            |               |
|---|----------------------------------|------------|---------------|
| PDF Unifor STE Temporary Casual No Specified Schedule TMG                 |                                  |            |               |
| Other (i.e. Co-Op Student, RAA, Summer Student)                           |                                  |            |               |
| Job Title:  |                                  |            |               |
| JD # Pay Rate:  |                                  |            |               |
| Anticipated Start Date: Contract End Date:                                |                                  |            |               |
| Work Days   | Hours Per Week                   | Start Time | Work Location |
| ☐ M-F   | 35 hours per week                |            | On Campus     |
| Casual (No Schedule)  | 37.5 hours per week              |            | Hybrid        |
| Other:  | Casual not to exceed: Hours/week |            | ☐ WFH         |
|   | Other: Hours/week                |            |               |
| Chartfield Number: 10170 _  |                                  |            |               |
| Fund Dept Project Number (Must be valid for the duration of the contract) |                                  |            |               |
| EMPLOYEE INFORMATION  |                                  |            |               |
| ** Please attach a Resume/CV if the Applicant is known.                   |                                  |            |               |
| Applicant Name (if known):  |                                  |            |               |
| Applicant's Email: Applicant ID # or Student #:                           |                                  |            |               |
| Canadian Citizen/Perm Resident: Yes No                                    |                                  |            |               |
| Has Work Permit: Yes No   |                                  |            |               |
| SWIPE CARD ACCESS / KEY REQUEST   |                                  |            |               |
| FHS Swipe Card Room   | # H                              | Key Room # |               |
| MDCL Swipe Card Room  | # H                              | Key Room # |               |
| AUTHORIZATION   |                                  |            |               |
| Faculty/Supervisor Name: Faculty Signature:                               |                                  |            |               |