



PAY MODIFICATION - TEACHING PERSONNEL

uOttawa

D-

SURNAME (CANDIDATE)				GIVEN NAMES				EMPLOYEE NUMBER							
FACULTY, SCHOOL						DEPARTMENT									
FOAP - ACCOUNTING PLAN				POSITION NUMBER				POSITION CLASS				EMPLOYEE CLASS			
FUND		ORGANIZATION		ACCOUNT		PROGRAM									

TERMINATION OF PAY

<b>A</b>	<input type="checkbox"/> CANCELLED EMPLOYMENT			LAST DAY OF PAY			REF. NO. <b>E-</b>
				YEAR	MONTH	DAY	
	<input type="checkbox"/> RESIGNATION	(32)		LAST DAY OF PAY			REASON
				YEAR	MONTH	DAY	
	<input type="checkbox"/> ACCEPTED NEW POSITION - EXTERNAL	(34)		LAST DAY OF PAY			
				YEAR	MONTH	DAY	
	<input type="checkbox"/> END OF CONTRACT	(54)		LAST DAY OF PAY			
				YEAR	MONTH	DAY	
	<input type="checkbox"/> DEATH	(62)		LAST DAY OF PAY			
				YEAR	MONTH	DAY	
<input type="checkbox"/> RETIREMENT	(45)		LAST DAY OF PAY				
			YEAR	MONTH	DAY		
<input type="checkbox"/> EARLY RETIREMENT	(46)		LAST DAY OF PAY				
			YEAR	MONTH	DAY		
<input type="checkbox"/> LONG-TERM DISABILITY LEAVE	(20)	LAST DAY OF SICK LEAVE	LAST DAY OF PAY			FIRST DAY OF DISABILITY LEAVE	
			YEAR	MONTH	DAY	YEAR MONTH DAY	
			119th DAY			120th DAY	
<input type="checkbox"/> MATERNITY LEAVE	(10)	LEAVE START DATE	LAST DAY OF PAY			LEAVE END DATE	
			YEAR	MONTH	DAY	YEAR MONTH DAY	
<input type="checkbox"/> PARENTAL LEAVE	(11)	LEAVE START DATE	LAST DAY OF PAY			LEAVE END DATE	
			YEAR	MONTH	DAY	YEAR MONTH DAY	
<input type="checkbox"/> OTHER (SPECIFY)	(63)		LAST DAY OF PAY			SPECIFY	
			YEAR	MONTH	DAY		

RESUMPTION OF PAY

<b>B</b>	<input type="checkbox"/> LONG-TERM DISABILITY LEAVE		RETURN DATE		
			YEAR	MONTH	DAY
	<input type="checkbox"/> OTHER (SPECIFY)		YEAR	MONTH	DAY
COMMENTS					

COMMENTS