

UNBC Casual Employee Requisition

Complete this form to request a casual employee and forward it to Human Resources. To fulfill your request and insure the maximum opportunity to meet your needs, please provide Human Resources with as much advance notice as possible. Casual requests for vacation coverage require advance notification of 2 weeks.

Department:	Fund:	Org Code:
Job Title:	Supervisor's Name:	
Replacing:	Supervisor's Local:	
Grade/Rate:	Start Date:	
Casual Reports to Building: _____ Room: _____	End Date:	
<p>Please note that it is the supervisor's responsibility to request Banner and Departmental drive access from Information Technology Services.</p> <p>Please create UNBC Support case at http://support.unbc.ca stating the specific access for this employee. The new case will be assigned to a technician who will contact you to plan the employee setup.</p>	<p>Hours to be scheduled:</p> <p>Mon _____ Tues _____ Wed _____ Thu _____</p> <p>Fri _____ Sat _____ Sun _____</p> <p style="text-align: center;"><i>Please put start and end times to be scheduled.</i></p>	
<p>NOTE:</p> <ol style="list-style-type: none"> 1) In an established and JEC rated position, the casual rate of pay shall be the rate at the start of the salary range for the grade. If a position has not been rated, the minimum casual rate shall be the rate at the start of the salary range for grade one. 2) Duration of appointments cannot exceed four (4) months. If you anticipate the assignment to be longer than this period, please contact HR for alternate recruiting procedures. 3) Please forward an amended copy of this form to Human Resources if any changes occur. 		
Principal Duties:		
Budget Holder's Signature:		Print Name:
Human Resources Use Only:		
Assigned:	Start Date:	
	End Date:	
	Extension:	
Miscellaneous:		
Confirmation:	Spreadsheet:	Banner:



UNBC Casual Employee Evaluation Form

To be completed by immediate supervisor of a casual employee at the end of each assignment

Casual's Name:	Supervisor's Name:
Job Title:	Supervisor's Local:
Start Date:	Department:
End Date:	

Assessment of Employee's Performance:

Productivity:	Excellent			Needs Improvement	
Initiative	5	4	3	2	1
Planning/Organizational Skills	5	4	3	2	1
Adaptability	5	4	3	2	1
Attention to Details	5	4	3	2	1

Comments:

Ability to Work With Others:	Excellent			Needs Improvement	
Interpersonal Skills	5	4	3	2	1
Customer Service	5	4	3	2	1
Written & Verbal Communication Skills	5	4	3	2	1

Comments:

Work Habits:	Excellent			Needs Improvement	
Reliability	5	4	3	2	1
Accuracy	5	4	3	2	1
Asked questions when appropriate	5	4	3	2	1
Attendance/Punctual	5	4	3	2	1

Comments:

_____ Supervisor's Signature: Date:	_____ Employee's Signature: Date:
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