UNBC Casual Employee Requisition Form

To request a casual employee, complete this form and forward it to Human Resources (HR).

To fulfill your request and ensure ample opportunity to meet your timelines, please provide HR with a minimum of **two (2)** weeks' notice, including requests for vacation coverages.

Department:			Fund:	Org Code:			
Job Title:			Supervisor's Name:				
Replacing:			Grade/Rate:				
Start Date:			End Date:				
Casual Reports to I	Building:		Room:				
Start and End time	s to be scheduled:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
NOTE:							
		oosition, the casual i rated, the minimur					
		ceed four (4) months recruiting procedure		the assignment to l	be longer than this	period,	
3) Please forward an amended copy of this form to HR if any changes occur.							
Casual's Principal Duties:							
Budget Holder's Signature: Print Name: Date:							
Please note: It is the supervisor's responsibility to request Banner and Departmental drive access from Information Technology Services. Please create a UNBC Support case stating the specific access for this employee (support@unbc.ca).							
Human Resources Use Only:							
Assigned:			Start Date:				
Extension:			End Date:				
Miscellaneous:							
Confirmation:		Spread	adsheet: Sent to EP:				

Print Form

UNBC Casual Employee Evaluation Form To be completed by immediate supervisor of a casual employee at the end of each assignment Supervisor's Name:

Department: Start Date:

End Date:

Job Title:

Casual's Name:

Assessment of Employee's Performance:

Productivity:	Excellent Needs Improvement		vement		
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

Supervisor's Local:

Comments:

Ability to Work With Others:	Excellent Needs Improvem		vement		
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 Improvemen		vement		
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: