

Substitution Pay Initiation Form

Is this an Amendment? <input type="checkbox"/>	Is this an Extension? <input type="checkbox"/>
Name of Supervisor: Xxx, Xxx	Phone: xxx/999-9999

Section 1 – Details of Substituting Employee’s Base Position *(Initiator completes Sections 1 & 2, and forwards to Expense Authority).*

Last Name: Xxx	First Name: Xxx
Office Name: Branch Name	Department ID: Paylist number
Employee Number: 999999	Classification: R30

Section 2 – Substituting for:

Last Name: Xxx	First Name: Xxx
Classification: BL	Position Number: 00099999
First Day: Sept 29, 2014	Last Day: Oct 17, 2014
Reason:	

Section 3 – Overtime Worked During Substitution Period

Paid At:	<input type="checkbox"/> Substitution Rate	<input type="checkbox"/> All Hours	or	<input type="checkbox"/> Partial	Specify:
	<input type="checkbox"/> Base Rate	<input type="checkbox"/> All Hours	or	<input type="checkbox"/> Partial	Specify:

Work Pattern *(Check one)*

<input checked="" type="checkbox"/> 7 Hour Work Day <input type="checkbox"/> 7.78 Hours per Day <i>(1 Day Off Every 2 Weeks)*</i> <input type="checkbox"/> Other, Please Describe:	<input type="checkbox"/> 7.5 Hour Work Day <input type="checkbox"/> 8 Days at 7.75 Hours and 1 Day at 7 Hours <i>(1 Day Off Every 2 Weeks)* Specify 8 Hour Days</i>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Indicates the first earned day off day, in the substitution period (Y/M/D):

*If the substitution is for less than full shifts or less than full pay periods, please provide details to Payroll on a bi-weekly basis in the space provided (e.g., number of hours of substitution pay period).

Section 4 – Calculation and Expense Authority Approval

Base Grid Range and Step: 30A/5	Substitution Grid Range and Step: BL
Base Bi-Weekly Salary plus Salary Protection: 3,067.68 + TMA 202.47	Substitution Bi-Weekly Salary: 3313.09
Name of Expense Authority: Name	Approved: <input checked="" type="checkbox"/>

Comments:	GEU employee. acting in mangement position (Must be less that 21 work days per BCGEU agreement. It is not necessary to include the existing TAJ amount).
------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

Ensure the “**Approved**” box above is checked or this request will **not** be processed.

Section 4 – To be completed by the Pay Office	
Add to pay amount (\$):	n./a

When the form has been completed, the person submitting the form on behalf of the ministry should:

1. **Save** the document (**File > Save As**).
2. Open **Internet Explorer**; [MyHR](#) website.
3. Navigate to the [AskMyHR](#) > **Submit a Service Request**:
 1. Complete the required fields;
 2. Choose the "**Pay Forms**" category.
4. Attach the word document you saved in the first step.
5. Click **Continue**.
6. Your request has been sent for processing.