



Douglas College

Douglas College
PO Box 2503
New Westminster, BC V3L 5B2

CONTRACT TO PURCHASE SERVICES

BANNER ID: _____
Dept Contract Number: _____
Cost Centre: _____

FOR ER/PAYROLL USE ONLY	
New Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>
Rehired Employee <input type="checkbox"/>	
NBAPOSN	SUFFIX

CONTRACT EMPLOYEE / CONTRACTOR: _____
Full legal name is required for contract employee

ADDRESS: _____ CITY _____ POSTAL CODE: _____

TELEPHONE: _____ DATE OF BIRTH (DD/MM/YYYY): _____

GST NUMBER (if applicable): _____ SOCIAL INSURANCE NUMBER: _____

Note: if Banner ID is provided, birthdate and SIN are not required

The following services are requested:

CONTRACT START DATE: _____ CONTRACT END DATE: _____

The purchase price for these services is: \$_____ representing _____ hours **or Hourly Rate** of: \$_____ and includes payment in lieu of benefits and vacation pay (GST if applicable) payable in accordance with applicable pay schedule.

Timesheets / Invoices must be submitted to the authorized administrator who will authorize for payment.

COLLEGE PENSION PLAN

All Contract to Purchase Services' Contractors employed with Douglas College and, on the College payroll system are entitled to enroll in the College Pension Plan. If employment is considered full-time, contributions are mandatory and will commence immediately. Part-time contractors may opt into the plan. However, should the annual earnings reach 50% of the yearly maximum pensionable earnings, then contributions will become mandatory and deducted immediately. A completed waiver of contribution form must be completed where the contractor elects not to contribute into the pension plan.

Name of Administrator: _____ Department: _____

Signature of Administrator: _____ Date signed: _____

Supervisor/Department Contact: _____ Local: _____

Distribution:

Hiring Department: Please keep a copy of the signed contract for your records and provide a copy to the contract employee or contractor.

Submit the **original** signed contract to Employee Relations for processing.

For ER USE only: COLLEGE PENSION PLAN ENROLLMENT Enrolled Waived

Employee Relations Advisor: _____ Payroll Manager: _____

Date signed: _____ Date signed: _____

Employee Relations distributes the processed contract as follows:

ORIGINAL – Payroll or Accounting COPY – Employee File