

## UNBC EMPLOYEE INFORMATION FORM

The purpose of this form is to ensure accurate and up-to-date employee information is kept on file and will be used for internal purposes only. The information contained herein will be held in the strictest of confidence. Any changes to current information is to be recorded on this form in the appropriate section(s).

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

### NEW HIRE INFORMATION:

(This section only to be completed upon hire)

Mr.  Mrs.  Miss  Ms.  Dr.

Legal Name(In full): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

SIN: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(mm/dd/yr)

### ADDRESS:

New  Change

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (day): \_\_\_\_\_

(eve): \_\_\_\_\_

### NAME CHANGE: (Please attach a copy of proof of change)

New Legal Name (In full): \_\_\_\_\_

Previous Legal Name: \_\_\_\_\_

### EMERGENCY INFORMATION: New Change

Emergency Contact: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone (eve): \_\_\_\_\_

### PAYROLL DIRECT DEPOSIT INFORMATION: New Change

**Please attach a void cheque or authorized bank account verification for new and changed payroll information.**

You may elect to deposit a portion of your pay into separate accounts. If so, attach a void cheque or authorized bank information for each account. Indicate clearly on each cheque the percentage or amount to be allocated to that account.

*attach void cheque(s) here*

Effective Date for Changes: \_\_\_\_\_

I hereby authorize the above: \_\_\_\_\_ Date: \_\_\_\_\_

### HUMAN RESOURCES USE ONLY:

Address change distributed to: **Banner**  **UNBC: Dept** \_\_\_\_\_  **Benefits**  **Pension**

*Please allow 2 weeks for processing.*

August 2010