

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 are to be recorded on this form in the appropriate section(s).

ACADEMIC SERVICES CUPE DIRECTORS & EXECUTIVE EXEMPT FACULTY STUDENTS

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 legal name 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. Must be pre-printed from the bank not written in on any void cheques.

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: UNBC: Dept _____ Banner Benefits Pension

Please allow 2 weeks for processing.

January 2014