

(For HR use only)

PT SM BS BH BM
WSP



Lakehead
UNIVERSITY | Human
Resources

Position ID: (For HR use only)

EMPLOYEE INFORMATION FORM (EIF)

FORM MUST BE FULLY COMPLETED TO BE PROCESSED

HR Initial

Date Prepared: ____/____/____ (year) (month) (day) Start Date: ____/____/____ (year) (month) (day) End Date: ____/____/____ (year) (month) (day)

Full-Time (continuing appointment) Part-Time Resignation Lay-Off
Contract (with benefits – check with HR for eligibility) Termination Retirement
Contract (without benefits)

Empl/Student Number _____

Surname _____ Given Name(s) _____

Home ☐ Local ☐

Address _____ City/Town _____ Province _____ Postal Code _____

Date of Birth ____/____/____ (year) (month) (day) *Social Insurance No. _____ (If SIN begins with 9, please provide copy of valid Study or Work Permit) Phone Number _____ - _____ - _____

NEW HIRE / PRESENT STATUS

RTH Request Number

Department

Position / Title

Classification

Union ☐ COPE ☐ CUPE ☐ IUOE ☐ LUFA ☐ OPESU ☐ UNIFOR ☐ USW ☐ Non-Union

Replacement for

Rate of Pay \$ _____ per hour | Salary \$ _____ ☐ monthly ☐ annually

Budget Code: ____ - ____ - _____ - _____

FOREIGN WORKER: No Yes (If yes, please provide copy of valid Study or Work Permit) Permit Expiry date

PLEASE INDICATE HOW VACATION PAY IS TO BE CALCULATED

PLEASE NOTE: Employer costs are not included in the rate of pay

☐ 4% in addition to the quoted rate of pay ☐ vacation pay to be included in rate quoted

FOR ALL HOURLY EMPLOYEES ON TIMECARDS (Please print)

Primary timecard approver _____ Alternate timecard approver _____

MARKERS, TUTORS, DEMONSTRATORS, TEACHING OR RESEARCH ASSISTANTS (see CUPE Collective Agmt), THE FOLLOWING MUST BE COMPLETED

Is appointee presently registered at LU as a student? No Yes – if yes, **provide student number above**
Course number(s) & name(s) of course(s) being marked

Program enrolled in _____

Year enrolled in _____

REMARKS

NOT ACCEPTED WITHOUT EMPLOYEE SIGNATURE AND APPROPRIATE APPROVALS

Employee

Signature _____

Date: _____

Chair / Director / Grantee (Sign and print name)

Date

Financial Services

Date

Sr. Academic / Administrative Officer

(Sign and print name)

Date

Human Resources

Date