

(For HR use only)

PT SM BS BH BM  
WSP



Position ID: (For HR use only)

## EMPLOYEE INFORMATION FORM

**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) \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

**NEW HIRE / PRESENT STATUS**

Department \_\_\_\_\_

Position / Title \_\_\_\_\_

Classification \_\_\_\_\_

Union COPE CUPE IUOE LUGA 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 \_\_\_\_\_