



## NEW EMPLOYEE FORM

**TO BE COMPLETED BY EMPLOYEE:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Vancouver Address: Street \_\_\_\_\_

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (yyyy/mm/dd) Gender: M / F

Social Insurance Number: \_\_\_\_\_ Email: \_\_\_\_\_

If student, UBC student number: \_\_\_\_\_ Graduate / Undergraduate

Study End Date: \_\_\_\_\_

Have you worked for UBC before? Y / N UBC Employee ID # \_\_\_\_\_

If yes, for which department? \_\_\_\_\_ Date of termination: \_\_\_\_\_

Do you have a Campus Wide Login? Y / N CWL: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR:**

Supervisor: \_\_\_\_\_

Program: \_\_\_\_\_

e-Recruit Job Posting # \_\_\_\_\_

Work Study Project # \_\_\_\_\_

Start Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Position classification: \_\_\_\_\_

PG Manager: \_\_\_\_\_

**Need for Criminal Record check: will position have unsupervised access to children, patients or research subjects?**

For more info, please visit: <http://www.hr.ubc.ca/administrators/managing-staff/criminal-record-checks/> Y / N

**Need for Occupational & Preventative Health program: will position have exposure to animal species, infectious**

biological agents, human blood, tissue or cell lines, faeces and/or urine, and entry into a hospital facility? Y / N

For more info, please visit: <http://www.hr.ubc.ca/health/occupational-preventive-health/enrol/>

Payroll Type: Hourly / Monthly Part time % (FTE): \_\_\_\_\_

Salary distribution: \$\_\_\_\_\_ per hour/month. Speedchart: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If keys are required on Point Grey campus, please email [Psychiatry.FinanceAsst@ubc.ca](mailto:Psychiatry.FinanceAsst@ubc.ca) or call 604-822-7314 to request them.

**Please ensure that you provide the following to the HR Assistant:**

- Employee CV
- Proof of Employee SIN
- Direct Deposit Form
- Employee Work Permit (if applicable)
- Criminal Records Check Consent Form (if applicable)
- Anti-bullying Training Certification of Completion

**Supervisor Signature:**

\_\_\_\_\_

*(not necessary if cc'd to Supervisor)*

**PG Manager:**

\_\_\_\_\_

*(not necessary if same person as the Supervisor)*