

**UNIVERSITY OF BRITISH COLUMBIA
DEPARTMENT OF MEDICAL GENETICS**

NEW EMPLOYEE FORM

TO BE COMPLETED BY NEW EMPLOYEE:

(Please Print)

Last Name: _____

First Name: _____ Middle Name and /or Initials: _____

Home Address: _____

City: _____ Postal Code: _____

Home Telephone: _____ Date of Birth: _____(dd/mm/yy) Male / Female

Social Insurance Number: _____ e-mail: _____

Please attach copy of SIN Card *(if it SIN starts with a "9", please attach a copy of the work/study permit)*

Have you worked for UBC before? Yes ___ No ___ If Yes, UBC Employee ID # _____

for which department? _____ date of termination: _____

If student, UBC student no. _____ Undergraduate / Graduate

If non-UBC student, university name and student no. _____

Undergraduate / Graduate

Resume attached: ___ Will submit: ___

Has Campus Wide Login employee account? Yes/No Payroll deposit form attached? Yes/No

(If No, have employee go to the below links)

<https://www.cwl.ubc.ca/SignUp/cwlsubscribe/SelfSubscribeIndex.do>

<http://www.finance.ubc.ca/sites/finance.ubc.ca/files/uploads/payroll/documents/dirdeposit.pdf>

TO BE COMPLETED BY SUPERVISOR:

(Please Print)

Supervisor: _____ Work Study Project # (if applicable) _____

Start Date: _____ Termination Date: _____

Classification/Rank: _____ Co-op / Work Study (if applicable)

Have you checked references? Yes ___ How many? _____

No ___ Why not? _____

Payroll Type: Monthly / Hourly Full Time / Part Time FTE (%): _____

Starting Salary: \$ _____ per hour/month. From P/G # _____ Speedchart _____

\$ _____ per hour/month. From P/G # _____ Speedchart _____

\$ _____ per hour/month. From P/G # _____ Speedchart _____

New employee's Work Address: _____

New employee's Work Phone # _____ New employees' Work Fax # _____

Please return this form to Medical Genetics, C201, BCCH – Fax 604-875-3490