NIPISSING UNIVERSITY

	NEW/CHAI	NGE EMPLOYEE	INFORMATION	
NEW EMPLOYEE INFORMATION			CHANGE IN EMPLOYEE INFORMATION	
NAME			S.I.N	
ADDRESS				
POSTAL CODE			PROVINCE	
TELEPHONE			DATE OF BIRTH	_
EMAIL				
	Date		Employee Signature	
SUPERVISOR TO	COMPLETE FOR CASUAL/CO			
POSITION TITLE:		START C)ATE:	
DEPARTMENT/COST	CENTRE NUMBER	/67010 HOURLY	/ RATE(IN	ICLUDING 4% VACATION PAY)
DEPARTMENT FUNDS	INTERNAL RESEARCH	FUNDS EXTER	NAL RESEARCH FUNDS	OTHER
SUPERVISOR NAME ((print) SUPERVISOR	SIGNATURE		DATE
PAYROLL USE ONLY	INCLUDED/EXCLUDED	(select one)		
POSITION ID			DEPARTMENT	
G/L			GROUP I.D.#	
STATUS:	FULL-TIME/ PART-TIME/ CONTRAC	CT/ CASUAL/FACULTY/ A	ADMINISTRATION/ SUPPORT	STAFF/ STUDENT
SCHEDULED WORK H	HOURS/WEEK			
SALARY:	ANNUAL H	OURLY	TIMESHEETS	YES/NO
	HIRE DATE		TERMINATION DATE _	
BENEFITS:	Effective date:		family	single
PENSION:	Effective date: _		PENSION CARRIER_	
	Date		Director, Human Res	sources
ADD: FACL: ANY C	HANGE TO DEFAULT WRKS	•••••		

ADD: EPOV:1)EMPLOYEE TAXES- CPP; EI; EIP; TAX; TAXP,ADD'L TAX 2) DIRECT DEPOSIT INFORMATION; SAVINGS AMOUNT/ACCOUNT

INFORMATION; 3) TAX CREDIT RETURN SUMMARY TD1/TD1ON AMOUNTS

ADD: BNDS - WSIB/WSSC AND EHT MINIMUM

ADD: EMAIL ACCOUNT SET-UP

 $\label{thm:local} \mbox{H:\USER\HRPOSI\FORMS\NEW-CHAN\NEWCHANGE Employee Information.DOC} \\$