

NIPISSING UNIVERSITY

NEW/CHANGE EMPLOYEE INFORMATION

____ NEW EMPLOYEE INFORMATION

____ CHANGE IN EMPLOYEE INFORMATION

NAME _____ S.I.N. _____
ADDRESS _____
TELEPHONE _____ DATE OF BIRTH _____
EMAIL _____

Date _____ Employee Signature _____

.....
SUPERVISOR TO COMPLETE FOR CASUAL/CONTRACT POSITIONS:

POSITION TITLE: _____ START DATE: _____
DEPARTMENT/COST CENTRE NUMBER _____/67010 HOURLY RATE _____ (INCLUDING 4% VACATION PAY)
DEPARTMENT FUNDS _____ INTERNAL RESEARCH FUNDS _____ EXTERNAL 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/ CONTRACT/ CASUAL/FACULTY/ ADMINISTRATION/ SUPPORT STAFF/ STUDENT

SCHEDULED WORK HOURS/WEEK _____

SALARY: ANNUAL _____ HOURLY _____ TIMESHEETS YES/NO

HIRE DATE _____ TERMINATION DATE _____

BENEFITS: _____ Effective date: _____ family _____ single _____

PENSION: _____ Effective date: _____ PENSION CARRIER _____

Date _____ Director, Human Resources _____
.....

ADD: FACL: ANY CHANGE 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

H:\USER\HRPPOS\FORMS\NEW-CHAN\NEWCHANGE Employee Information.DOC