



INFORMATION REQUIRED FOR NEW EMPLOYEES

Employee Information:

C Faculty C Staff	Student Select Cat	tegory:			
Prefix:	Name:				
Position:					
Supervisor Name:					
*Start Date:		*End Date:			
IS THIS A KEY REQUISITION ONLY					Nust Be Completed
Access Required:					
Passcard: O YES O NO	Main Door Other:		Upper Floors		☐ B3
Key(s): ○ YES ○ NO	Office #(s):		Lab #(s):		
Student #:	Employe	ee ID:			
UBC ID Card #:	Email: _				
APPOINTMENT REQUIRED?	YES O NO				
Home Address:			City:		
Postal Code:		_ Telephone:	:		
Email:		_ Birthdate:			
Employee ID (if known):					
Student #:		SIN:			
Salary Amount:	(YEARLY	○ MONTHLY	○ HOURLY	O PER PERIOD
Speedchart:	PG:	Fund:		Earn Code:	
Are you currently or have you previous	usly been on UBC payroll?	O YES	○ NO		
URA/UAA/WL/NSERC Studen	t forms submit to: Dee	pali Mahajan	ı (deepalivinay.ma	hajan@ubc.ca)	
GRA/GAA forms submit to:	oris Metcalf (doris.metcalf@	@ubc.ca)			
Staff forms submit to: Marc B	etsayda (marc.betsayda@ul	bc.ca)			
RA/Postdoctoral forms submi	t to: Ayaka Bosshard (aya	aka.bosshard	@ubc.ca)		
Safety Orientation Login:		Safety Orientat	ion Password:		