

(For HR use only)
PT SM BS BH BM
WSP



Position ID: (For HR use only)

EMPLOYEE INFORMATION FORM (EIF)
FORM MUST BE FULLY COMPLETED TO BE PROCESSED

-- Submit to formsubmission.hr@lakeheadu.ca --

HR Initial

Download the PDF to your desktop to ensure all fillable fields populate

Date Prepared: ___/___/___ Start Date: ___/___/___ End Date: ___/___/___
(year) (month) (day) (year) (month) (day) (year) (month) (day)

Full-Time (continuing appointment) Part-Time Resignation Lay-Off
 Contract (with benefits – check with HR for eligibility) Termination Retirement
 Contract (without benefits)

Empl/Student Number _____

Surname _____ Given Name(s) _____

Address _____ City/Town _____ Province _____ Postal Code _____
Home Local

Date of Birth ___/___/___ *Social Insurance No. _____ Phone Number _____ - _____ - _____
(year) (month) (day) (If SIN begins with 9, please provide copy of valid Study or Work Permit)

NEW HIRE / PRESENT STATUS

RTH Request Number _____

Department _____

Position / Title _____

Classification _____

Union COPE CUPE IUOE LUFA OPESU UNIFOR USW Non-Union

Replacement for _____

Rate of Pay \$ _____ per hour | Salary \$ _____ monthly annually

Budget Code: _____ - _____ - _____

FOREIGN WORKER: No Yes (If yes, please provide copy of valid Study or Work Permit) Permit Expiry date _____

PLEASE INDICATE HOW VACATION PAY IS TO BE CALCULATED

4% in addition to the quoted rate of pay vacation pay to be included in rate quoted

PLEASE NOTE:
Employer costs are not included in the rate of pay

FOR ALL HOURLY EMPLOYEES ON TIMECARDS (Please print)

Primary timecard approver _____ Alternate timecard approver _____

MARKERS, TUTORS, DEMONSTRATORS, TEACHING OR RESEARCH ASSISTANTS (see CUPE Collective Agmt), THE FOLLOWING MUST BE COMPLETED

Is appointee presently registered at LU as a student? No Yes – if yes, **provide student number above**
 Course number(s) & name(s) of course(s) being marked _____

Program enrolled in _____
 Year enrolled in _____

REMARKS

NOT ACCEPTED WITHOUT EMPLOYEE SIGNATURE AND APPROPRIATE APPROVALS

Employee Signature _____ Date: _____

Chair / Director / Grantee _____ Date _____ Financial Services _____ Date _____

Sr. Academic / Administrative Officer _____ Date _____ Human Resources _____ Date _____