



Dept of Cellular & Physiological Sciences
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INFORMATION REQUIRED FOR NEW EMPLOYEES

Employee Information:

Faculty Staff Student -- Select Category: _____

Prefix: _____ Name: _____

Position: _____

Supervisor Name : _____ Signature: _____

Start Date: _____ End Date: _____

IS THIS A KEY REQUISITION ONLY? YES NO

Access Needed:

Passcard: YES NO Main Door Elevator: Upper Floors B2 B3
 Other: _____

Key(s): YES NO Office #(s): _____ Lab #(s): _____

Student #: _____ Employee ID/SIN: _____

UBC ID Card #: _____ Email: _____

APPOINTMENT FORM REQUIRED? YES NO

Home Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email: _____ Birthdate: _____

Employee ID (if known): _____

Student #: _____ SIN: _____

Salary Amount: _____ YEARLY MONTHLY HOURLY PER PERIOD

Speedchart: _____ PG: _____ Fund: _____ Earn Code: _____

Are you currently or have you previously been on UBC payroll? YES NO

Submit to:

Zaira Khan

zaira.khan@ubc.ca

**Please complete the form using Adobe Reader and print it out.
 You can then either drop it in Zaira's mailbox, or scan it in and email it to her.**

Safety Orientation Login: _____ Safety Orientation Password: _____