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|  | THE UNIVERSITY OF BRITISH COLUMBIA - **PERSONAL DATA FORM** - | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| IDENTIFICATION – Provide all information in this section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE ID | | | PREFIX | FIRST NAME | | | | | | MIDDLE NAME (S) | | | | | | LAST NAME | | | | | | | | | | | | | | | SUFFIX | |
|  | | |  |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | |  | |
| DEPARTMENT NAME | | | | | | | | | | | SOCIAL INSURANCE NUMBER | | | | UBC STUDENT # | | | | | | | | FACULTY | | | STAFF | | | | STUDENT | | |
|  | | | | | | | | | | |  | | | |  | | | | | | | |  | | |  | | | |  | | |
| ADDRESS AND OTHER INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT HOME ADDRESS | | | | | | | | | | | | CITY | | | | | PROV/STATE | | | | POSTAL/ZIP | | | | | | COUNTRY | | | | | |
|  | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |
| PERMANENT HOME ADDRESS (if different from current home address) | | | | | | | | | | | | CITY | | | | | PROV/STATE | | | | POSTAL/ZIP | | | | | | COUNTRY | | | | | |
|  | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |
| WORK PHONE # | | HOME PHONE # | | | ALT PHONE # | TYPE | | WORK EMAIL ADDRESS | | | | | | | | | | | | | GENDER | | | | | | BIRTHDATE (YYYY-MM-DD) | | | | | |
|  | |  | | |  | **Cell**  **Other** |  |  | | | | | | | | | | | | |  | | | | | |  | | | | | |
| EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY CONTACT NAME | | | | | | | | | RELATIONSHIP (eg: spouse) | | | | | PHONE # - Select 🡪 | | | | | Home  Work  Cell  Other | | |  | | Alt PHONE # - Select 🡪 | | | | | Home  Work  Cell  Other | | |  |
|  | | | | | | | | |  | | | | |  | | | | |  | | | | |
| CURRENT HOME ADDRESS | | | | | | | | | | | | | CITY | | | | | PROV/ST | | | | POSTAL/ZIP | | | | | | COUNTRY | | | | |
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| SECONDARY CONTACT NAME | | | | | | | | | RELATIONSHIP (eg: spouse) | | | | | PHONE # - Select 🡪 | | | | | Home  Work  Cell  Other | | |  | | ALT PHONE # - Select 🡪 | | | | | Home  Work  Cell  Other | | |  |
|  | | | | | | | | |  | | | | |  | | | | |  | | | | |
| CURRENT HOME ADDRESS | | | | | | | | | | | | | CITY | | | | | PROV/ST | | | | POSTAL/ZIP | | | | | | COUNTRY | | | | |
|  | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | | | |
| MEDICAL CONDITIONS/ALLERGIES (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | DATE (yyyy-mm-dd) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |

\* Personal information provided on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165.

The information will be used in the event of an emergency if UBC needs to make contact with your emergency contact(s). For further information, please contact payrollinfo@finance.ubc.ca or payrollinfo@ubc.ca.

Forward completed form to Financial Operations [Help](http://www.hr.ubc.ca/forms/personal_data_help.html)