

THE UNIVERSITY OF BRITISH COLUMBIA

- PERSONAL DATA FORM -

IDENTIFICATION – Provide all information in this section															
EMPLOYEE ID	PREFIX	PREFIX FIRST NAME					MIDDLE NAME (S)			LAST NAME			SUFFIX		
DEPARTMENT NAME							SOCIAL INSURANCE NUMBER UBC			STUDENT #		FACULTY	STAFF	STUDENT	
ADDRESS AND	ADDRESS AND OTHER INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only														
CURRENT HOME ADD		CITY				PROV/STATE P		AL/ZIP	COUNTRY						
PERMANENT HOME ADDRESS (if different from current home address)							CITY			PROV/STATE PO		AL/ZIP	COUNTRY		
WORK PHONE #	RK PHONE # HOME PHONE # ALT PHONE # TYPE WO						CEMAIL ADDRESS					GENDER BIRTHDATE (YYYY-			
		Cell													
				Other											
EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only															
PRIMARY CONTACT N	AME			-	RELATIO	ONSHIP	(eg: spouse)	PHONE #	- Select	→ Home	,	Alt PHONE #	- Select →	Home	
										Work		i		Work	
										Cell		il		Cell	
										Othe	· =	il		Other	
CURRENT HOME ADDR	RESS						CITY			PROV/ST	PO	STAL/ZIP	COUNTR	RY	
SECONDARY CONTACT NAME						ONSHIP	(eg: spouse) PHONE # - Select		→ Home	, [ALT PHONE	# - Select →	Home		
										Work]		Work	
										Cell]		Cell	
										Othe				Other	
CURRENT HOME ADDI	RESS						CITY			PROV/ST	PO	STAL/ZIP	COUNTR	RY	
MEDICAL COND	OITIONS/AL	LERG	IES (Optional)												
SIGNATURES															
SIGNATURE												DA	TE (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.

^{**}Note: if not a Canadian citizen or permanent resident, a copy of work/study permit is required to process your appointment.