



Nishnawbe-Aski Legal Services Corporation

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NEW EMPLOYEE DETAIL FORM

Personal Information:

First Name: _____ Last Name: _____
 Date of Birth (YYYY/MM/DD): _____
 Phone #: _____ Alt. #: _____
 Email (Personal): _____

Home Address:

#	Street	City	Province	Postal Code
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Mailing Address (if different):

P.O Box	City	Province	Postal Code
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Employment Information:

Start Date: _____ **Employee #:** _____

Employment Type:

- Permanent
 Contract

Employment Status:

Full Time
 Part Time
 Casual

BUDGET CODE:

End Date: _____

Position: _____ Salary: _____
 Manager: _____ Pay Band: _____
 Grid: _____

Banking & Payroll Information:

Name of Bank: _____
 Account #: _____
 Transit #: _____
 Institution #: _____
 SIN #: _____

Tax Exemption:

Declaration Form Attached?

- Yes *Band Membership #:* _____
 No - Fed/Prov Tax Forms Attached

Pension and Benefits:

Pension Eligibility Date: _____
 Benefit Eligibility Date: _____

Finance Only:

Date Received: _____ Entered into Adagio Systems by: _____