



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

Mailing Address (if different):

P.O Box City Province Postal Code

Employment Information:

Start Date: _____ **Employee #:** _____
Employment Type: Permanent Contract *End Date:* _____
Employment Status: Full Time Part Time Casual
BUDGET CODE: _____
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: _____