



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:

Salary:

Pay Band:

Grid:

Position: _____

Manager: _____

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: _____