



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: _____

Pay Band: _____

Manager: _____

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: _____