University of Manitoba | Human Resources

Personal Information Form

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of maintaining a record of personnel paid through the University Human Resources Information System and other systems, to make reimbursement, to issue income tax receipts, to confirm employment status for the provision of University of Manitoba computer accounts, and to assist in advancement efforts with External Relations. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the **Access & Privacy Office** (204) 474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Questions? For more information, please contact HR Help Desk at **hris@umanitoba.ca** . The University of Manitoba is strongly committed to accessibility within its community. If you require accommodation support, please contact **UM.Accommodation@umanitoba.ca** or 204-474-7195.

INSTRUCTIONS TO EMPLOYEE:

Complete and submit this form **to your unit** (do **not** submit directly to Human Resources) if any of the following apply:

- You have been hired by the University for the first time
- You have been re-hired by the University and your personal information has changed since you were last employed at the University

Note: this includes NIL appointments and employment.

For any changes to your Legal name, SIN or Immigration status, please email hris@umanitoba.ca.

INSTRUCTIONS TO UNIT:

If you are collecting the information from the employee verbally, you must read the above FIPPA statement aloud to the employee.

Submit a copy of this form to Human Resources at hris@umanitoba.ca, together with the appropriate appointment form.

Employee Information

Salutation (if other, please specify:)	U of M Employee Number (if available)
Legal Surname	Legal First Name(s)
Preferred Name (if different from legal name)	Gender Please Select
Social Insurance Number (SIN) **Note 1: If your SIN begins with a '9,' you MUST provide a copy to Human Resources, as well as a copy of your study and/or work permit(s). Note 2: If you are a Canadian Permanent Resident, please provide a copy of both the front and back of your Permanent Resident Card.**	Date of Birth (YYYY/MMM/DD) **If you are under the age of 16 please attach a photocopy of the Child Employment Permit.**
U of M Student Number (if applicable) or Name of Other Institution (if applicable) Full time student Part time student	Family Status
Address of Legal Residence Number and Street Apt City and Province Postal Code Telephone Country	Emergency Contact Information Name of emergency contact Relationship (if other please specify:) Contact's primary phone number Other phone number

Complete if new Full Time Academic hire

This section is for University of Manitoba Faculty Association (UMFA) or Geographical Full-Time (GFT) appointments only.
All other employees skip this section and go to Signatures.

1) **Previous full-time employment or occupation prior to the start at the University of Manitoba (do NOT include employment at the University of Manitoba):**

(if other please specify:)

The above selected employment/occupation was in: (please indicate province (if Canada) or country).

2) **Principal Subject Taught Code:**   (click link for subject list)

3) **Education**

Degree Obtained	Month and Year Obtained	Educational Institution	Province (if Canada), or Country

4) **Professional Qualification (if applicable) ex: FRCPC for Medical Doctors.**

Professional Designation	Year Obtained	Professional Association

Signatures

This form prepared by:

Employee _____

Employee Signature   Date

Member of department on behalf of employee

Name: Phone Number:

Re: FIPPA statement on Page 1: **I have read the FIPPA statement aloud to the employee**

_____

Member Signature   Date

Important Information for New Employees: (re: Getting set up with direct deposit, computer account, etc)
For additional onboarding information please visit: Onboarding