



Personal information form

This form is available in alternate formats upon request to HR Service Centre at hris@umanitoba.ca.

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 Service Centre 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 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: _____)

UM Employee Number (if available): _____

Legal Surname: _____

Legal First Name(s): _____

Preferred Name (if different from legal name): _____

Gender: _____

Social Insurance Number (SIN): _____

SIN Expiry Date (only for individuals with a "9" SIN) (yyyy-mm-dd, i.e. 2025-Jan-01): _____

Note 1: If your SIN begins with a '9,' you must provide a copy of your study and/or work permit(s) to Human Resources. You must also fill in the SIN Expiry Date field.

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-mm-dd, i.e. 2025-Jan-01): _____

If you are under the age of 16, please attach a photocopy of the Child Employment Permit.

UM Student Number (if applicable): _____

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, place specify: _____

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

- 2) Principal Subject Taught: _____ ([download 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**

Signature:

X

Date (yyyy-mmm-dd, i.e. 2025-Jan-01): _____

Name: _____

Role/Title: _____

Department: _____

☐ **Member of department on behalf of employee**

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

Signature:

X

Date (yyyy-mmm-dd, i.e. 2025-Jan-01): _____

Name: _____

Phone Number: _____

Department: _____

Important Information for New Employees:

For additional onboarding information, visit [Onboarding](#).