



THE UNIVERSITY OF BRITISH COLUMBIA

- PERSONAL DATA FORM -

IDENTIFICATION – Provide all information in this section									
EMPLOYEE ID	PREFIX	FIRST NAME	MIDDLE NAME (S)	LAST NAME	SUFFIX				
DEPARTMENT NAME			SOCIAL INSURANCE NUMBER	UBC STUDENT #	FACULTY	STAFF	STUDENT		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADDRESS AND OTHER INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only									
CURRENT HOME ADDRESS			CITY	PROV/STATE	POSTAL/ZIP	COUNTRY			
PERMANENT HOME ADDRESS (if different from current home address)			CITY	PROV/STATE	POSTAL/ZIP	COUNTRY			
WORK PHONE #	HOME PHONE #	ALT PHONE #	TYPE	WORK EMAIL ADDRESS	GENDER	BIRTHDATE (YYYY-MM-DD)			
			Cell <input type="checkbox"/> Other <input type="checkbox"/>						
EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only									
PRIMARY CONTACT NAME		RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>	Alt PHONE # - Select →	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>			
CURRENT HOME ADDRESS			CITY	PROV/ST	POSTAL/ZIP	COUNTRY			
SECONDARY CONTACT NAME		RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>	ALT PHONE # - Select →	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>			
CURRENT HOME ADDRESS			CITY	PROV/ST	POSTAL/ZIP	COUNTRY			
MEDICAL CONDITIONS/ALLERGIES (Optional)									
SIGNATURES									
SIGNATURE						DATE (yyyy-mm-dd)			

* Personal information provided on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165. The information will be used in the event of an emergency if UBC needs to make contact with your emergency contact(s). For further information, please contact payrollinfo@finance.ubc.ca or payrollinfo@ubc.ca.

Forward completed form to Financial Services [Help](#)