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
			☐	☐	☐

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 ☐ **Other** ☐			

EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only

PRIMARY CONTACT NAME	RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home ☐ Work ☐ Cell ☐ Other ☐	Alt PHONE # - Select →	Home ☐ Work ☐ Cell ☐ Other ☐

CURRENT HOME ADDRESS	CITY	PROV/ST	POSTAL/ZIP	COUNTRY

SECONDARY CONTACT NAME	RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home ☐ Work ☐ Cell ☐ Other ☐	ALT PHONE # - Select →	Home ☐ Work ☐ Cell ☐ Other ☐

CURRENT HOME ADDRESS	CITY	PROV/ST	POSTAL/ZIP	COUNTRY

MEDICAL CONDITIONS/ALLERGIES (Optional)

SIGNATURES

SIGNATURE	DATE (yyyy-mm-dd)

Forward completed form to Financial Services   Help