New Appointment Form

To expedite the appointment process, the supervisor is required to complete all fields and email the completed form(s) to Donna Bradley at [dbradley@providencehealth.bc.ca](mailto:dbradley@providencehealth.bc.ca)

# Employee Information

* Last Name, First Name: Click here to enter text.
* Email address: Click here to enter text.
* Citizenship: Click here to enter text.

**For former UBC employees being rehired:**

* UBC employee ID: Click here to enter text.
* UBC Campus Wide Login (CWL): Click here to enter text.
* Any other names you might be in the system as: Click here to enter text.

*NOTE: For foreign workers, please attach a copy of valid work/study permit and SIN card. For foreign visiting faculty, please see* [*http://www.hr.ubc.ca/faculty-relations/immigration/visitors/*](http://www.hr.ubc.ca/faculty-relations/immigration/visitors/) *For those seeking a work permit and subject to LMIA exemption, the employer must pay a $230 compliance fee and provide the Offer of Employment details to IRCC. This amount cannot be charged back to the visitor.* Please provide an eligible Worktag for this fee:Click here to enter text.

# Appointment Information

* Rank/Job title: Click here to enter text.
* Position number (or new position?): Click here to enter text.
* Name of employee being replaced (if applicable): Click here to enter text.
* Duties (or attach Job Description): Click here to enter text.
* Start date: Click here to enter text.
* End date (or ongoing?): Click here to enter text.
* Costing Allocation Worktag: Click here to enter text.
* Salary: Click here to enter text. Monthly or Hourly? Click here to enter text.
  + *If no salary, explain funding & attach funding letter: Click here to enter text.*
* FTE (only provide FTE info if employee is not Hourly): Click here to enter text.
* Work location and office room number: Click here to enter text.
* Work phone & email (if known): Click here to enter text.
* Supervisor: Click here to enter text.

# Documents Required

* CV
* Personal Data Form

FOREIGN WORKERS:

* Copy of work/study permit
* Copy of SIN card (number starts with “9”)

EMPLOYEES LOCATED AT BC WOMEN’S HOSPITAL:

* CRC Consent Form CRR010 (complete Part 1 and sign part 5)

NOTE: Employees do not need to complete the CRC form if they have already completed the CRC because they a) are employed by PHSA or b) are licensed by a professional body requiring a CRC (CPSBC, CRNBC)

* Employee is exempt from CRC, per the exemption conditions above.
* NOTES: Click here to enter text.