



Department of Human Resources

EMPLOYEE ID REQUEST FORM

Welcome to Memorial! To help facilitate a smooth transition to our campus, our payroll office requires the following personal information to establish your employee number. Once this employee number is established, the University IT group will generate email and portal accounts, both of which are required for library access and access to other services through the MUN Portal.

POSTDOCTORAL FELLOW HONORARY POSTDOCTORAL FELLOW

Surname Given Name(s)

Email Address: _____

Date of Birth (YYYY-MM-DD) Social Insurance Number
(include a photocopy of your card/letter)

Work Permit required? YES (include a photocopy of your work permit) NO

Provincial Health Care? (ie MCP) YES (include a photocopy of your card) NO

Hiring Department _____

Expected Start Date: _____
(YYYY-MM-DD)

Please note, that without photocopies of the required documents, your email account and employee number cannot be assigned.

Employee Signature _____

Access to information and Protection of Privacy

The information gathered on this form is collected under the authority of the Memorial University Act (RSNL 1990 cM-7). The information is used for administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, maintaining or using this personal records; provision of employment services including payroll and benefits administration. Questions regarding the collection or use of this personal information should be directed to the Department of Human Resources by calling us at 709-864-2434

PLEASE RETURN COMPLETED FORM AND REQUIRED PHOTOCOPIES BY EMAIL TO MYHR@MUN.CA OR BY FAX: (709) 864-2700