 New Hire Change Termination Library Co. Benefits Advice Form FOR PERMANENT EMPLOYEES ONLY 						
EMPLOYEE IDENTIFICATION (required)						
LAST NAME	FIRST NAME					
	NEW	HIRE				
BIRTH DATE	HIRE DATE		LANGUAGE		SEX	
dd mm yyyy	dd mm	уууу /)	□ ENGLISH □ FRENCH		□ MALE □ FEMALE	
STREET	CITY		PROVINCE	POSTAL CODE		
HOME PHONE NUMBER	LOCATION:			HOURS PER WEEK		
()						
	ANDWAY GAY ADV					
EMPLOYMENT CATEGORY FULL-TIME DA		ANNUAL SALARY				
(:.:	RT-TIME um 15 hours/week)	· ·				
COST ALLOCATION (Percentage split between	en LibraryCo and Association	1)				
☐ 100% LibraryCo	17 (2)					
☐ OTHER (Please indicate % split in Speci						
	CHANGE IN	FORMATI	ON	l		
EFFECTIVE DATE	LOCATION:			EMPLOYMENT CATEGORY □ FULL-TIME		
dd mm yyyy (/ /)	PHONE: ()	PHONE: ()			(minimum 20 hours/week)	
				☐ PART-TIME (minimum 15 hours/week)		
HOURS PER WEEK		ANNUAL SALARY				
		\$				
COST ALLOCATION (Percentage split between	en LibraryCo and Association	1)				
☐ 100% LibraryCo						
☐ OTHER (Please indicate % split in Speci	al Instructions)					
TERMINATION INFORMATION						
EFFECTIVE DATE		REASON				
dd mm yyyy		☐ EMPLOYMENT TERMINATED				
(/ / /)		☐ RESIGNATION ☐ OTHER (Please explain in Special Instructions)				
	CDECIAL ING		•	peciai instructio	, , , , , , , , , , , , , , , , , , ,	
	SPECIAL INS	STRUCTIC	NS			
APPROVAL (required)						
SIGNING AUTHORITY NAME:		SIGNATURE				
POSITION:						
EMAIL ADDRESS:		DAT	DATE			

PHONE: (

dd mm yyyy)

Instructions:

- Complete the Employee Identification, and the applicable sections for a New Hire, Change Information, or Termination on the Library Co. Benefits Advice Form
- Attach corresponding "Application for Group Coverage" or "Group Coverage Change" Form
- Have the appropriate authorized signatory sign the benefits advice form
- Send all applicable forms to Sandra, HR Representative at:

Human Resources Department The Law Society of Upper Canada 130 Queen Street West Toronto, Ontario M5H 2N6

Tel: (416) 947-3481 Fax: (416) 947-3448 Email: scastill@lsuc.on.ca