

- New Hire
- Change
- Termination

# LibraryCo Benefits Advice Form

FOR PERMANENT EMPLOYEES ONLY

## NEW HIRE

LAST NAME		FIRST NAME	
BIRTH DATE ( dd / mm / yyyy )	HIRE DATE ( dd / mm / yyyy )	LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET	CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER (     )	PAY TYPE <input type="checkbox"/> SALARIED <input type="checkbox"/> HOURLY	HOURS PER WEEK	EMPLOYMENT CATEGORY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
LOCATION:  PHONE: (     )	ANNUAL SALARY \$	HOURLY RATE \$	
COST ALLOCATION (Percentage split between LibraryCo and Association)			
<input type="checkbox"/> 100% LibraryCo <input type="checkbox"/> OTHER ( Please indicate % split in special instructions)			

## CHANGED INFORMATION (Explain in special instructions)

EFFECTIVE DATE ( dd / mm / yyyy )	LOCATION:  PHONE: (     )	EMPLOYMENT CATEGORY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
PAY TYPE <input type="checkbox"/> SALARIED <input type="checkbox"/> HOURLY	HOURS PER WEEK	ANNUAL SALARY \$
		HOURLY RATE \$

## TERMINATION INFORMATION

EFFECTIVE DATE ( dd / mm / yyyy )	REASON <input type="checkbox"/> EMPLOYMENT TERMINATED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> OTHER (Please explain in special instructions)
--------------------------------------	---

## SPECIAL INSTRUCTIONS

## APPROVAL

SIGNING AUTHORITY NAME:	SIGNATURE
POSITION:	
EMAIL ADDRESS:	DATE ( dd / mm / yyyy )
PHONE: (     )	

See reverse side for instructions

Instructions:

- Complete, in full, the LibraryCo 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 Taina Williams, HR Representative at

Human Resources Department  
Osgoode Hall  
130 Queen Street West

Tel 416-947-3358

Fax 416-947-3448

Email: [twilliams@lsuc.on.ca](mailto:twilliams@lsuc.on.ca)