



UNIVERSITY OF  
CALGARY

# Academic Personal Information

Cumming School of Medicine

Human Resources  
University of Calgary  
(403) 210-9300

## Personal Information

Empl ID: (if applicable)  Common Name:

Prefix:  First Name:  Middle Name:  Last Name:

Address:  City:  Prov./State:

Country:  Postal/ZIP Code:

Home Phone:  Cell Phone:

Personal Email

I authorize Human Resources to deliver personal and confidential employment documents to this email address.

☐ Yes ☐ No

Date of Birth:

Year Month Day

Gender:

Marital Status:

Place of Birth:

Citizenship: ☐ Canadian ☐ Perm Resident ☐ Other (please specify):

(Required for  
Foreign Nationals)

Permit/Visa Type:

Permit/Visa #:

Issue Date:

Year Month Day

Expiry Date:

Year Month Day

## Degrees & Other Qualifications (includes certificates, diplomas & professional designations etc.)

Please note that these will show up on your Academic Performance Report.

Date Awarded:	Institution:	Short Name:	Degree or Name:	Short Name:	Area of Specialization:
<b>Example:</b> YYYY/MM/DD	University of Calgary	U of C	Bachelor of Science	BSc	Biology
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Previous Employment (most recent)

From:    To:    Employer:

Year Month Day Year Month Day

Department:  Rank/Position:

## Employee Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By approving this form, I confirm that the information I am accountable for is correct and valid.

## HR Use Only

Comments:

Recruiting:	Date:	Workforce:	Date:	Benefits:	Date:	Payroll:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form Last Update: November 2021

Please scan and email completed form to the faculty.

This information is collected under the authority of the Freedom of Information Protection of Privacy Act for the purpose of facilitating the administration of payroll and benefits information. If you have questions about the collection or use of this information, phone (403) 210-9300.

This Agreement may be signed and delivered in counterparts with the same effect as if each party had signed and delivered the same copy, and when each party has signed and delivered a counterpart, all counterparts constitute one Agreement. Delivery of a copy of this Agreement by facsimile or by another form of electronic transmission is good and sufficient delivery.

## ACADEMIC STAFF PERSONAL INFORMATION continued

The Cumming School of Medicine publishes on its web page a directory of its members. Directory information includes academic rank and departmental affiliation(s), and contact information where available. Contact information may include postal and e-mail addresses, as well as telephone and fax numbers. Office contact information is preferred.

The directory has been designed so that the contact information of only one faculty member at a time can be read. Similar to the University's Calendar, which is also available on the web, it will be possible to read a list of the names and academic ranks of all members of one department. Individual addresses, etc., however, may be reached one at a time only.

The directory and contact information, which is updated weekly, is administered by the Dean's office, Cumming School of Medicine. If you have any questions about the directory, please call the Dean's office at 403-220-6843.

### Contact Information for Faculty Directory

**Office Address:**

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**Office Telephone:**

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**2nd Office Telephone:**

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**Office Fax:**

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**E-Mail:**

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