

Human Resources

Authorization Form for Non-Employee Access Rights

<u>PERSONAL IDENTIFICATION</u>	
<i>Employee Name:</i>	First Name: Middle Name: Last Name:
<i>Previous University of Lethbridge Employee or Student?</i>	<input type="checkbox"/> YES If YES, previous UofL ID Number: <input type="checkbox"/> NO
<i>Date of Birth (DD-MM-YYYY):</i>	
<i>Social Insurance Number:</i>	
<i>Gender:</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Permanent Address:</i>	Address: City: Country: Postal Code:
<i>Phone Number:</i>	

<u>APPOINTMENT INFORMATION</u> (Maximum Two Years)	
<i>Start Date (DD-MM-YYYY):</i>	
<i>End Date (DD-MM-YYYY):</i>	
<i>Home Department:</i>	

<u>COMMENTS</u>
<i>Please provide details as to why non-employee access rights are required:</i>

<u>AUTHORIZATION</u>	
<i>Department Approval:</i>	
<i>Name:</i>	
<i>Signature:</i>	
<i>Date:</i>	
<i>Financial Services, if required:</i>	
<i>Name:</i>	
<i>Signature:</i>	
<i>Date:</i>	

<u>FOR HUMAN RESOURCES USE</u>
<i>Employee Class X9</i>

The personal information you provide on this form is collected under the authority of the *Post-secondary Learning Act* as well as the *Freedom of Information and Protection of Privacy (FOIP) Act*. The personal information provided by you is used for your application for employment at The University of Lethbridge and other uses consistent with these purposes. The personal information is protected under the provisions of the FOIP Act. If you have any questions about the collection, use or disclosure of this information, please contact Deb Robb, Human Resources, The University of Lethbridge, Lethbridge, Alberta T1K 3M4 403-329-2274.