



ALBERTA ALPINE

NOTICE OF HIRING, CHANGE AND TERMINATION

Complete all applicable areas

SIN: _____	EFFECTIVE DATE: _____
SURNAME: _____	GIVEN NAME: _____
ADDRESS:	
PHONE NO:	
SEX: M F MARITAL STATUS: _____ DATE OF BIRTH: _____	
EMERGENCY CONTACT(Name/Phone):	

NEW EMPLOYEE:(Signed Letter of Offer and completed TD1s MUST BE ATTACHED) – effective date?

Division: Men’s Ski Team	Women’s Ski Team	AASA Lead Projects	Legends Club Camps
Club Services	Corporate		
Authorization of Direct Deposit and Void Cheque must be attached			
Job Title:			
Rate of Pay:			
Probationary Period (in months):			
Vacation Entitlement::			
Other Relevant Information:			

EMPLOYEE CHANGE:(Attach Letter of Change) – effective date?

✓Check Applicable Boxes	From	To
<input type="checkbox"/> Division		
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Rate of Pay		

TERMINATION: (Attach Termination Checklist)

Termination Date:				
Last Day of Work:				
Reason for Termination:	Fired	Quit	Relocation	Maternity Leave
	Other (explain)			

Employee Signature:	Supervisor Signature:
Date:	