Employee HandbookPolicies and Procedures

Section 5: Forms

5.6 New Hire Information

(This portion to be completed by EMPLOYEE)

Name:					
Address:					
Telephone #:					
D.O.B. :			S.I.N.:		
TD 1 (FED) ()	TD1 (PF	ROV) () BI	ank/Voided (Cheque: ()	
Emergency Contact:					
Name:					
Contact Numbers:					
Relationship to you:					
Reports to: Salary: \$ Housing	pe Allow \$	er()annum (Travel Al) hour () lowance \$ _	contract Telephone	
Additional Benefits: _					
Status: () Ministry F					
() Permanent Full time		•		• -	
() Contract Full time	• •	•			
Attach copy of () offe	• •	• •		escription	
Submitted by:			(M&P)		
(This	portion to be	completed by	FSA-Office	Administrator)	
STD HRS per pay perio	od	Salary	per pay peri	od:	
				TD 1 (PROV)	

