



New Employee Payroll Information Form

Personal Information:

SIN: _____ If SIN begins with '9, please provide copies of SIN paperwork and work/student visa

Surname: _____ Middle name: _____

Given name: _____ Birthdate: _____
(MM/DD/YYYY)

Preferred name: _____

Male Female Other Prefer not to answer (Please check one)

Address: _____

City: _____ Province: _____ Postal Code: _____

Personal Email: _____ Home phone #: () _____

Cell phone #: () _____

Emergency Contact Information:

Name: _____ Home phone #: () _____

Relationship: _____ Work phone #: () _____

Other Information:

Have you contributed to a pension plan (other than Canada Pension Plan) within the past 30 days?

No Yes (Please check one)

If yes, please indicate employer & pension plan name: _____

Employee's Signature: _____ Date: _____