

Employee Handbook

Policies 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 (PROV) () Blank/Voided Cheque: ()

Emergency Contact:

Name: _____

Contact Numbers: _____

Relationship to you: _____

(This portion to be completed by Ministry and Personnel Committee)

Date of Hire: _____ Position: _____

Reports to: _____

Salary: \$ _____ per () annum () hour () contract

\$ _____ Housing Allow \$ _____ Travel Allowance \$ _____ Telephone

Additional Benefits: _____

Status: () Ministry Personnel () Lay Employee

() Permanent Full time () Permanent Part-Time (if PPT, hours per week) _____

() Contract Full time () Contract Part-time (if contract, start/end dates) _____

Attach copy of () offer of employment () contract () job description

Submitted by: _____ (M&P)

(This portion to be completed by FSA-Office Administrator)

STD HRS per pay period _____ Salary per pay period: _____

Vacation %age: _____ TD 1 (FED) _____ TD 1 (PROV) _____

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