



NEW HIRE - EMPLOYEE INFORMATION FORM

Please submit to Human Resources, attaching signed offer letter, all benefits election forms where applicable, completed Revenue Canada and Ontario TD1, and void cheque for direct deposit.

To be completed by Employee:			
First Name:	Middle:	Last Name:	
SIN:	Birth date (mm/dd/yyyy):	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
UTORID(if applicable):	Email:		
Address:		City:	
Province:	Postal Code:	Phone (Home):	
Phone (Cell):	Send pay stubs to Home address/Department (circle one)		
Alumnus/a of the University of Toronto and/or St. Michael's College? Y/N:			
Previously employed by the University of Toronto and/or St. Michael's College? Y/N: if Y above, please indicate the last year previously employed:			
Currently employed by more than one Faculty/department? Y/N (if Y, please indicate which one):			
Member of a Religious Order? Y/N (if Y, please attach completed Vow of Poverty form):			
EMERGENCY CONTACT INFO:			
Full Name:		Relation:	
Address:			
City:	Province:	Postal Code:	
Phone no:	Email (optional):		

To be completed by Hiring Department:			
Payroll (check one): <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Status (check one): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Contract/Temporary <input type="checkbox"/> Student		
Union Status (check one): <input type="checkbox"/> USW <input type="checkbox"/> CUPE 3902 <input type="checkbox"/> UTFA <input type="checkbox"/> Non-Union			
Position Title:	Supervisor's Name:		
Department:	Charge Account No (xx-xxxx-xxxx):		
Is position included in your approved budget? Y/N (if N, additional approval may be necessary):			
FOR COURSE INSTRUCTORS ONLY:			
Start date(mm/dd/yyyy):	Contract end date (mm/dd/yyyy):		
Salary per course: \$	Number of courses taught in above hiring period:		
Eligible for \$75 expense reimbursement (one-time payment per academic year)? Y/N:			
FOR ALL OTHER EMPLOYEES:			
Hourly rate (if applicable): \$ /hour	Annual Salary (if applicable): \$	Standard weekly hours:	
Start date(mm/dd/yyyy):	Contract end/termination date, if appl. (mm/dd/yyyy):		

To be completed by Human Resources:	
Eligible for health benefits? Y/N:	Health benefits start date, if appl. (mm/dd/yyyy):
Eligible for pension plan? Y/N:	Pension contribution start date, if appl. (mm/dd/yyyy):

Additional Comments:

APPROVED _____
Department Head signature Date

REVIEWED _____
Human Resources Date Finance Date