



UNIVERSITY OF  
**ST. MICHAEL'S COLLEGE**  
IN THE UNIVERSITY OF TORONTO

**PERSONNEL DATA FORM**

Please type or print Legibly

Type of Request	
<input type="checkbox"/> New Employee	<input type="checkbox"/> Address Change
<input type="checkbox"/> Rehire	<input type="checkbox"/> Name Change

**PERSONNEL INFORMATION**

<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Name</b>	<b>UTORID (if applicable)</b>
<b>Birthdate (MM/DD/YYYY)</b>	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Social Insurance Number</b>	
Alumnus of UofT <input type="checkbox"/> Yes <input type="checkbox"/> No USMC <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Status if Not Canadian</b> <hr/> <small>(attach copy of Permanent Resident/Work Authorization)</small>	<b>Member of Religious Order (please complete Vow of Poverty Form)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Previously employed by USMC :</b> <input type="checkbox"/> Yes (Last Year Employed _____) <input type="checkbox"/> No			
<input type="checkbox"/> Workstudy Student	<input type="checkbox"/> Temporary Employee/Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Course Instructor
<input type="checkbox"/> Cont Ed Instructor	<input type="checkbox"/> Writing Instructor	<input type="checkbox"/> Teaching Assistant	<input type="checkbox"/> Faculty
<input type="checkbox"/> CLTA	<input type="checkbox"/> Research Assistant	<input type="checkbox"/> OTHER _____	
<b>Please indicate if you are currently employed by one or more department:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Facilities & Services	<input type="checkbox"/> President's Office	<input type="checkbox"/> Alumni & Development	<input type="checkbox"/> Registrar's Office
<input type="checkbox"/> Office of the Principal	<input type="checkbox"/> Dean of Students	<input type="checkbox"/> Faculty of Theology	<input type="checkbox"/> Library
<input type="checkbox"/> St. Michael's College	<input type="checkbox"/> Finance	<input type="checkbox"/> Campus Ministry	<input type="checkbox"/> PIMS
<input type="checkbox"/> OTHER _____			

**CONTACT INFORMATION**

<b>Home Address (number &amp; street):</b>		<b>Apartment No.</b>
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Primary Home/Cell Phone Number:</b>	<b>Secondary Home/Cell Number (optional)</b>	<b>Send Payroll Stub To:</b> <input type="checkbox"/> Home <input type="checkbox"/> Department
<b>Home/Personal Email Address</b>		

**EMERGENCY CONTACT INFORMATION**

<b>First &amp; Last Name:</b>	<b>Relation</b>	
<b>Address</b>	<b>City/Province</b>	<b>Postal Code</b>
<b>Primary Home/Cell Phone/Work Number</b>	<b>Email Address</b>	

**SIGNATURE**

<b>Employee Signature</b>	<b>Date</b>
---------------------------	-------------

Please attach TD1 Forms, Void Cheque/Banking Information and work permit (if applicable)

Note: New hires must complete this form by end of first day and submit to Human Resources & Payroll