

New Employee Payroll Form

To be filled out by Employee:

Date: _____

Employee's Name _____

Address _____

City _____ Province _____

Postal Code _____

SIN # _____

Date of Birth _____

Home # _____ Cell # _____

Emergency Contact
Name _____ Telephone # _____

Name _____ Telephone # _____

VOID CHEQUE ATTACHED for direct deposit

To be filled out by Employer:

Salary:

Yearly Salary	_____
Bi Weekly Salary	_____

OR

Contract period	_____
Contract amount	_____
Bi weekly amount	_____

OR

Hourly Rate	_____
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One time over-ride amount: _____

(if FIRST pay cheque is not for a full two weeks)

EI:

EI rate: Regular _____ OR Discounted _____ (check of one)

Full time staff on the benefit plan are at the discounted EI. Part time & contract staff at regular rate.

LTD:

LTD amount to be deducted each pay _____

Vacation:

Vacation to be taken with in the year # of weeks _____ track manually

OR

Vacation to be accrued & paid on last pay % of Vac _____ advise ceridian

OR

Vacation to be added to each pay % of Vac _____ advise ceridian