

PERSONNEL FORM FOR NEW EMPLOYEES

DEPARTMENT OF LINGUISTICS

A PERSONAL INFORMATION			
Surname:		First Name	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth <div style="display: flex; justify-content: space-around; align-items: center;"> DD MM YR </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	Social Insurance Number: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Undergraduate – Canadian <input type="checkbox"/> SGS I (Masters) <input type="checkbox"/> SGS II (Masters) <input type="checkbox"/> SGS II (PhD) <input type="checkbox"/> Chief Presiding Officer		Student Number: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work Permit - <i>Please attach a copy</i>		Personnel Number: (if known) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Course Supervisor Name:		COURSE #	
B CURRENT ADDRESS			
Apt. No./Unit:		Telephone #:	
Street Address:		e-mail Address:	
City:		Postal Code:	
C DIRECT BANK DEPOSIT PAYROLL			
TO ENSURE ACCURACY OF YOUR ACCOUNT NUMBER PLEASE ATTACH A CHEQUE MARKED VOID If you are not currently set up for Direct Deposit please complete			
Bank Account Number:	Name of Bank or Financial Institution:		
Bank Address: <i>(Street No. & Name, City, Province)</i> Canadian Branches Only			
D FOR OFFICE USE ONLY			
Employee Position #	CC Number	CFC Number	Fund Number
TOTAL SALARY \$	Salary Monthly: \$	Start Date:	End Date:
<p>I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial institution designated and I hereby authorize the bank or financial institution designated to release my bank account number to the University of Toronto Payroll Department. Teaching Assistants are governed by the CUPE 3902 Collective Agreement. Questions with respect to the interpretation of the Agreement should be referred to the Labour Relations Department (Tel. # 978-0465).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> X _____ <i>Signature of Employee</i> </div> <div style="width: 30%;"> _____ <i>Signature of Supervisor</i> </div> <div style="width: 30%;"> _____ <i>Date Entered</i> </div> </div>			