

Payroll - New Staff Form

Company Name:

New Staff Information

Start Date: Wage/Salary:

Position: Employee #:

Pay Period:

Vacation Pay: Accrued Paid Out Every Period

Standard 4% Vacation: Yes No

If MORE, please provide details:

Personal Information

Surname: Given Name:

SIN #: Birthdate:

Address:

City & Province: Telephone #:

Postal Code: Email:

Emergency Contact Information (optional)

Name:

Relationship:

Phone #:

Employee's Health Concerns:

Employee Signature:

Date: