

Payroll + Emergency Contact

v.2022

Personal

Legal name	
Preferred name	
Address	
City, province, postal code	
Phone	
Email	
Birth date	

Banking (Complete or attach deposit form)

Institution code ___	
Transit code. _____	
Account no. _____	

Emergency

Emergency contact name	
Phone	
Relationship to employee	<input type="checkbox"/> Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Friend
Do you have any severe allergies?	<input type="checkbox"/> Yes, ask me <input type="checkbox"/> No
Do you have any medical conditions we should know about?	<input type="checkbox"/> Yes, ask me <input type="checkbox"/> No

INTERNAL – to be completed and submitted by manager

Position	Start Date	Manager	Compensation