

NEW EMPLOYEE SHEET



COMPANY NAME

Client No.	Optional Br.	Department No.	Employee

Pay Stub Language
 French English

Would you like to receive E-Stub?
 Yes No

EMPLOYEE NAME (Last name, First name)

ADDRESS (No. and Street, Apt.)

EMAIL ADDRESS

ADDRESS (Town)

POSTAL CODE

ADDRESS
(Province)

SOCIAL INSURANCE #

BIRTH DATE (MM-DD-YY)

DATE OF HIRE (MM-DD-YY)

Tax Exempt

PROVINCE OF EMPLOYMENT

EMPLOYEE TYPE Select the type and provide the corresponding required value				EMPLOYEE STATUS	
<input type="checkbox"/> HOURLY			REGULAR HOURLY RATE	ACTIVE	<input type="checkbox"/>
			\$ _____	INACTIVE	<input type="checkbox"/>
<input type="checkbox"/> HOURLY BY EXCEPTION				TERMINATE	<input type="checkbox"/>
<input type="checkbox"/> SALARY	HOURS PER PAY	ANNUAL SALARY	SALARY PER PAY PERIOD	Termin./Inactiv. Date (MM-DD-YY)	
	_____	\$ _____	\$ _____	_____ - _____ - _____	
<input type="checkbox"/> COMMISSION		COMMISSION per pay period			
		\$ _____	<input type="checkbox"/> OTHER \$ _____		

Branch _____ (5 digits)	Bank _____ (3 digits)	Account _____ (7+ digits)	— Attach Void Cheque/Direct Deposit Form
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STATUTORY DEDUCTIONS

TAXES	EXEMPTIONS	ADDITIONAL TAX	BLOCK
	Annual amount	Per pay period, multiple	
		of	
		\$	
FEDERAL	\$ _____	\$ _____	<input type="checkbox"/>
PROVINCIAL	\$ _____	\$ _____	<input type="checkbox"/>