

TSAY KEH DENE EMPLOYEE DATA FORM

EMPLOYEE INFORMATION

Name: _____ Date of Birth: _____

SIN #: _____ Medical #: _____

Address: _____

Phone #: _____ Status #: _____

Nation: _____

PERSONAL EMAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT: _____

RELATIONSHIP TO YOU: _____

PHONE: (DAY) _____ (EVENING) _____

ADDRESS: _____

COMPENSATION AND BENEFIT INFORMATION

JOB TYPE: F/T PERMANENT P/T PERMANENT TERM CASUAL CONTRACT

POSITION: _____ HIRE DATE: _____

POSITION: _____ START DATE: _____

POSITION: _____ START DATE: _____

IF CONTRACT POSITION

HOURLY OR ANNUAL RATE: \$ _____ HOURS PER PAY PERIOD: _____

VACATION ACCRUAL RATE: _____% DEPT. TO CODE: _____

WORK EMAIL: _____ WORK PHONE: _____

PROBATION PERIOD END DATE: _____

DATE OF BENEFIT ELIGIBILITY: _____

MSP, GREAT WEST LIFE AND PENSION PLAN

ELIGIBLE: YES NO

MEDICAL LEAVE ENTITLEMENT: _____ hours per year 1 Other Years: _____