

Add New Employee Change/Update Employee

Client Name: _____

EMPLOYEE GENERAL INFORMATION

Last Name _____ First Name _____

Street _____ City _____

Province _____ Postal Code _____ E-mail _____

Sex MALE FEMALE Birth Date (Y/M/D) ____/____/____ S.I.N _____

Vacation _____ % PAY EACH ACCRUE

Hire Date (Y/M/D) ____/____/____ First Day Worked (Y/M/D) ____/____/____

BANKING INFORMATION

Direct Deposit YES NO

PRIMARY ACCOUNT

Bank (3 DIGITS) _____ Branch (5 DIGITS) _____ Account Number _____

WAGES/ALLOWANCES INFORMATION

Type HOURLY SALARY Payrate \$ _____ Frequency _____ Insurable Hours _____

DEDUCTIONS/TAXABLE BENEFIT INFORMATION

Type _____ Frequency _____ Effective Date (Y/M/D) ____/____/____ Amount \$ _____

TAXATION INFORMATION

CPP Exemption YES NO E.I Exemption YES NO E.I Rate Type NORMAL REDUCED

Province of Taxation _____

TD1 Forms Federal Tax Credit \$ _____ Provincial Tax Credit \$ _____

Additional/Notes: _____

***A COPY OF A VOID CHEQUE TO BE EMAILED WITH THIS FORM**