

PARKER rooftop

Colleague Payroll Form

Colleague Name: _____ Employee Number: _____
Last First Middle

NEW HIRE INFORMATION:

Start Date: _____

Address: _____
Street City Province Postal Code

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Gender: _____ Male / Female _____ Marital Status: _____

Social Insurance Number: _____ Position Status: _____ Full-Time / Part-time

Department: _____ Position: _____

Starting Wage: _____ Vacation Days: _____

Primary Emergency Contact: _____
Name Relationship Address Contact Number

Second Emergency Contact: _____
Name Relationship Address Contact Number

CHANGES IN PERSONAL INFORMATION:

Reason for Change: _____ Effective Date: _____

New Address: _____
Street City Province Postal Code

New Phone Number: _____ Change in Marital Status: _____

Addition of Dependents: _____ Removal of Dependents: _____

CHANGES IN JOB STATUS:

Reason for Change: _____ Effective Date: _____

Current Position: _____ New Position: _____

Current Department: _____ New Department: _____

Current Wage Rates: _____ New Wage Rates: _____

TERMINATION OF EMPLOYMENT:

Effective Date: _____

REASON FOR TERMINATION:

☐ Layoff ☐ Retired ☐ Dismissal ☐ Other (Specify) _____

☐ Resigned Resignation Letter Included: Yes ☐ No ☐

PAYMENTS:

☐ Outstanding Wages/Salary ☐ Pay in Lieu of Notice ☐ Severance

☐ Accrued Vacation ☐ Other Payment (Specify): _____

VACATION & LEAVE REQUEST: Request are subject to approval

☐ Vacation ☐ Bereavement Leave ☐ Jury Duty

☐ Personal Leave of Absence ☐ Maternity / Parental Leave ☐ Medical Leave

☐ Lieu Day Withdrawal ☐ Other (Specify): _____

Date Requested (From/To): _____

Comments: _____

AUTHORIZATIONS / APPROVALS

Department Head Approval:

Print Name

Signature

Date