



Office of Finance and Administration
 5163 Duke Street
 Halifax, NS, Canada B3J 3J6

EMPLOYEE PERSONAL INFORMATION FORM

NEW EMPLOYEE:

EXISTING EMPLOYEE:

EMPLOYEE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

DEPARTMENT: _____

EFFECTIVE DATE: _____

IF REQUESTING A CHANGE PLEASE SELECT ALL THAT APPLY

- | | |
|--|------------------------|
| Change of Name (with supporting Documentation) | Change of Phone number |
| Change in DOB (with supporting Documentation) | Change in SIN |
| Change contact information (address or email) | Change in Gender |

Name: _____

Personal email: _____

SIN: _____

Gender: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Date of Birth (DOB): _____

Signature

Date

NOTE: This form must be received by the Payroll Office by the 5th of each month for the 15th payroll and the 20th of each month for the 30th payroll.

FOR OFFICE USE ONLY		Payroll Initials
Date Received		
Date of Employee Contact		
Date Changes implemented		

Forms can be mailed or dropped off to the Payroll Office:
 4th Floor, 5163 Duke St, Halifax, NS B3J 3J6
 Tel #: (902) 494-8116