

Human Resource Services - Payroll 1265 Military Trail, Room BV526C/D Toronto, Ontario, M1C1A4

payroll.utsc@utoronto.ca

BIWEEKLY SET-UP/CHANGE OF INFORMATION SHEET

This form should be	e submitted to Hur	man Resource Se	rvices in accorda	nce with the	Biweel	kly Pay	roll Schedu	ule.	
☐ Mr. ☐ Ms.	□ Mrs.	☐ Miss.	□ Dr.	☐ Prof.		☐ Misc.		x	
First & Middle Name (Name on SIN Card) Known As (C			Last Name (Name on SIN Card)						
SIN	Student No.	ent No.			Personnel No.				
Street No. and Name		Apt No.	City/Town	City/Town Pro		rince Postal Code			
Telephone		Date of Birth (Date of Birth (DD/MM/YYYY)			☐ Female	□х		
	Citizen, Permanent Res mployment of Canadian				Proof of sta	atus will b	e required.	s permit	
	nent Resident	t Resident							
Letter	☐ Attached	☐ Attached							
Verification of SIN Card:			□ Returning I	☐ Returning Employee Verified by					
Work Permit (if applicable)			\square Attached	☐ Attached ☐ On File					
Banking Authorization:			$\ \square$ Attached	☐ Attached ☐ On File					
Current Year TD1 Tax Form:			\square Attached	☐ Attached ☐ On File					
Current Year TD10N Tax Form:			\square Attached	☐ Attached ☐ On File					
Safety	Training Acknowle	edgement Form:	☐ Attached		□ Or	ո File			
Starting Date Ending Date			Hourly Rate (+49	Hourly Rate (+4% Vacation Pay)			Type of Work		
CC	CC CFC			Order No.			Fund No.		
Supervisor's Name (Please Print)			Telephone	Telephone No.					
Supervisor's Signature			Date	Date					
Discipline			Departmen	Department					

- Please forward completed forms and all attachments to payroll.utsc@utoronto.ca
- Incomplete forms/incorrect information will delay processing.
- For enquiries or questions please email Payroll Services at payroll.utsc@utoronto.ca