



CONTACT INFORMATION UPDATE FORM

First Name _____ Last Name _____
 Personnel No. _____ U of T Phone No. _____
 Department/Division _____ Effective Date _____

Please complete and return the form to Human Resource Services at payroll.utsc@utoronto.ca.

Personal Contact Information

Address _____ Apt. No. _____
 City _____ Province _____ Postal Code _____
 Work Phone
 Number / Cell
 Home phone number _____ Phone Number _____
 Email Address _____

Emergency Contact Information

Primary Contact	
Name	Relationship
Apt/Unit and Street/City/Town	
Province	Postal Code
Home Phone	Business Phone
Cell Phone	Email Address

Alternate Contact	
Name	Relationship
Apt/Unit and Street/City/Town	
Province	Postal Code
Home Phone	Business Phone
Cell Phone	Email Address

Additional Employee Emergency Medical Information

Please indicate any pertinent medical information about yourself (e.g. Allergies, heart condition, diabetes).

 Signature Date