

Employer			

Part A

Last Name	First Name		Position
Date Of Birth (DDMMYY)	Social Insurance Number	Start Dat	e (DDMMYY)
Mailing Address		, , , , , , , , , , , , , , , , , , ,	
City	Province		Postal Code

Part B

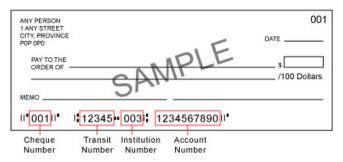
CPP Exempt Yes No	El Exempt Yes No			Federal and	d Provincial TD1 Basic for Both Yes No				
				(If not the basic amount please submit TD1 Forms)					
Rate of Pay Salary If				Salaried, Number of Hours Worked in Pay Period					
	Hourly								
Department		Pay Frequency		Vacatio		Vacation Percentage%			
						AccruedPaid			
Email Address					Emai	I Statement of Earnings YesNo			

Part C

Attach a blank cheque marked "VOID" or complete the account information below;

Transit				Institution		
Number				Number		





While this direction contained is in effect, I hereby authorize IBEX Payroll to transfer funds on behalf of my employer to the above account.

Signature of Employee