Limestone District School Board New Employee Information Form

Last Name:	ſ	Middle Name:						
Preferred Name:								
SIN:	N: Employee Number:							
If your SIN begins with "9", please provide proof of a valid work/study permit and the expiry date of your temporary SIN								
Address:		City:				Province:		
Postal Code:	Phone Number:	,	Alternate Number:					
Date of Birth (m/d/year):	: Personal email address:							
Pay days are every other Friday and by <u>direct deposit only</u> . You must attach a void cheque or provide documentation from your bank with Electronic Deposit Information.								
Your first Pay Advice will be mailed to you. You will receive notification of your email address and secure PIN via email. Future Pay Slips will be sent electronically by email to your personal e-mail address.								
Please check the following	:							
Do you hold an Ontario Te	aching certificate?		Yes	No		OCT#		
Are you awaiting your Ont	ario Teaching certifi	cate?	Yes	No				
Please list qualifications as	listed on your OCT	Certificate of	Qualificatior	1:				
Please indicate if you are in	·	owing retireme	ent pensions	;?	CPP	TPP	OMERS	
Position Hired into:	Start Date:							
Location/Program:								
If hired for occasional/casual work, please provide phone number to be used for dispatch purposes, if different from above:								
Have you worked for LDSB	previously?	Yes	No					
If yes, please indicate position and provide LDSB Employee Number:								
This form must be completed as soon as possible with a copy to: Human Resources and Payroll Please attach a copy of a void cheque or direct deposit authorization form from your bank If your tax exemption is greater than "Basic" or you wish to be "Tax Exempt", please ensure both a TD1 tax form &								
TD1ON tax form are completed and returned.								