

# Human Resources Employee Action Form

Employee Number: A	Effective Date:     /     /     _     (DD/MM/YY)
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Have you previously attended or worked at Saint Mary's?  YES  NO If yes, enter EE No: A

Demographics: (please print)		
SIN:	Prefix: <input type="checkbox"/> Dr	Preferred Name:
First Name:	Last Name:	Middle Initial:
Address:		
City:	Province:	Postal Code:
Phone:	Date of Birth (DD/MM/YY): /     /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Gender fluid, non-binary, and/or two spirit <input type="checkbox"/> I prefer not to answer
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant     →     (Specify Citizenship)		Employment Authorization <input type="checkbox"/> Expiry Date:     /     / DD/MM/YY

Payroll
<b>Attach VOID or Temporary cheque</b>

Requested Name Change		
<ul style="list-style-type: none"> <li><i>If you have legally changed your name, please attach copies of the legal documentation for the name change.</i></li> <li><i>To revert to your maiden name, please attach a copy of birth certificate or a copy of a citizenship card or valid passport if your maiden name is indicated on them.</i></li> </ul>		
Prefix: <input type="checkbox"/> Dr		
First Name:	Last Name:	Middle Initial:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY
PPAIDEN <input type="checkbox"/> Date:
GXADIRD <input type="checkbox"/> Initial: