

PRC EMPLOYEE ACTION FORM



PAYROLL DEPARTMENT
PARKS & REC. (NON-CUPE)

PAY GROUP: P&R DEPT: 4500

Effective Date: _____

New Hire: ☐

Change: Termination ☐ Return to work ☐ Position ☐ LOA ☐

Rehire: ☐

Occupation Code/Rate ☐ End of Season ☐ Address Change ☐

Full Legal Name: _____ EE #: _____
(as appears on social insurance card) (payroll to assign if new)

Gender: _____

IDENTIFICATION INFORMATION

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Insurance Number: _____

Email Address to receive pay advice: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

POSITION INFORMATION

Posted Occupation Code: _____ Hourly Rate: _____ LOB %: **4%**

Primary Job Description/Title: _____ Supervisor: _____

Other Positions & Hourly Rates Applicable: _____

Hire Date: _____ Start Date: _____

Length of Contract: _____

Termination Date: _____ Reason: _____

Attach copies of: SIN ☐ Tax forms: TD1 ☐ TD1BC ☐ Bank Deposit Form ☐

Additional
Comments:

DAYROLL USE ONLY.

O'HeadK% Á/ac Plank**BCJ57** Sick Plank**BCG-7 ?** Á Code Work CrewK%\$
Default G/L: %\$ ÁAmount: %\$ \$i ÁVCB code: **Ai bJWdU'9a d`cnYYg** ÁSeniority: **\$\$'Bc'GYb]cf]lm**

Date Authorized: _____ Authorized by: _____