

**High Prairie School Division No. 48  
Payroll Information\***

Full Legal Name \_\_\_\_\_ Job Location \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ First Day Worked \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Social Insurance # \_\_\_\_\_  
Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Birth date (YYYY/MM/DD) \_\_\_\_\_

Vacation Pay (for Support Staff only-see Commencement Package) Pay monthly \_\_\_\_\_ Accrue and pay in May \_\_\_\_\_

In order to administer payroll and employee benefits, High Prairie School Division No.48 is required to collect personal information for you and your eligible dependents. Only information necessary to perform these duties will be disclosed. By signing below, you consent to the collection, use and disclosure of personal information as required.

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**Electronic Pay Distribution**

Your pay can be distributed to several different accounts and/or several different banks. It can be split by flat amounts or by percentages.

All information must be completed for each bank and each account number. **A void cheque or bank deposit information slip provided by the financial institution MUST be provided for each account.** Use more than one form if required.

Please indicate if you wish the account information listed below to be forwarded to our accounts payable department in order for reimbursements to be directly deposited - YES or NO

\*\*\*\*\*

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Deposit Type: \_\_\_ Amount \$ \_\_\_\_\_ (F)

\_\_\_ Percent \_\_\_\_\_ % (P)

\_\_\_ Balance \_\_\_\_\_ (B)

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Bank Name: \_\_\_\_\_ Account No \_\_\_\_\_

Bank Address: \_\_\_\_\_

Deposit Type: \_\_\_ Amount \$ \_\_\_\_\_ (F)

\_\_\_ Percent \_\_\_\_\_ % (P)

\_\_\_ Balance \_\_\_\_\_ (B)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*Current employees requesting banking changes – Complete only name, address and bank information, then date and sign the form.