

Department of Chemical Engineering and Applied Chemistry
UNIVERSITY OF TORONTO

PERSONNEL INFORMATION FORM

SURNAME, GIVEN NAMES

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Dr./Mr./Ms./Miss/Mrs. (please circle one)

DATE OF BIRTH

D	M	Y

SOCIAL INSURANCE NUMBER

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**** PLEASE ATTACH A COPY OF YOUR S.I.N CARD ****

NAME OF SUPERVISOR WORKING FOR: _____

TITLE OF YOUR POSITION: _____

Student Number: _____	Program: MASC <input type="checkbox"/>	PhD <input type="checkbox"/>
Year into Program: _____	BASC <input type="checkbox"/>	

ARE YOU A CANADIAN CITIZEN/LANDED IMMIGRANT? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>IF NO, PLEASE ATTACH A COPY OF YOUR EMPLOYMENT AUTHORIZATION or STUDY PERMIT.</i>

HOME ADDRESS:

Home Telephone: () _____ Office Extension: _____

Email Address: _____

Person to Contact in CASE OF EMERGENCY: _____
Telephone: () _____

Were you ever paid by the University? If yes, please provide your personnel number: _____

SIGNATURE: _____ **DATE:** _____

** Please return all completed payroll forms to Julie Mendonça in WB201C promptly,
in order to meet payroll deadline **