



Hamilton

Please ensure your paperwork is submitted in accordance with the deadline outlined in your offer email. Failure to do so may result in a delay in start date.



EMPLOYEE PERSONAL INFORMATION

Department: _____ Position Title: _____

Changes to Personal Information are to be completed by the employee in HOWI or My HR Info via Self Services.

EMPLOYEE INFORMATION

SOCIAL INSURANCE #:		
LAST NAME:	LEGAL FIRST NAME:	PREFERRED FIRST NAME
PERMANENT MAILING ADDRESS:		UNIT/APT #:
CITY:		POSTAL CODE:
HOME PHONE:	CELL PHONE:	PRIMARY EMAIL:
DATE OF BIRTH (MM/DD/YYYY <i>Format</i>):	GENDER: Male Female	MARITAL STATUS:

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
HOME TELEPHONE #:	CELL PHONE #
WORK TELEPHONE #:	

EMPLOYEE SIGNATURE: _____ DATE: _____

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection Privacy Act and will be used in case of emergency and/or for payroll administration. Questions concerning the collection of this personal information should be directed to the Clerk's Department, City of Hamilton, City Hall, 71 Main St. W., Hamilton, ON L8P 4Y5.

Direct Deposit Service Application
AUTHORIZATION FOR PAYMENT BY DIRECT DEPOSIT

Name

Address

Employee No. (If known)

Department

Date

Signature

Please attach a **direct deposit slip** or a **cheque marked "VOID"** with this form.

If you use online banking, you can search for a "sample cheque" that shows your banking information including the:

1. Institution Number
2. Transit Number
3. Account Number

You should be able to print out this information and **attach it to this form**.

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APPLICATION and ASSIGNMENT FOR BRIDGING PAYMENTS FOR WSIB

Subject to the following, the employer will make payments to the employee retroactive to the first regular working day for which a claim for benefits under the **Workplace Safety & Insurance Act** was made.

1. The rates of such payment will be calculated in accordance with the terms of the Act.
2. Payments to the employee, if applicable, will commence only if this form is signed, and/or forms referred to in section 3 below have been completed and received by the Human Resources Department of the City of Hamilton.
3. In the event that the employee's claim for payment arises as a consequence of an injury suffered in circumstances as set out in Section 8 of the **Workplace Safety & Insurance Act** (re: third party), payments by the employer to the employee will commence upon receipt of this form and receipt of a properly executed Election Claim Form, a copy of which is forwarded to the employee at the discretion of the Workplace Safety & Insurance Board (WSIB).
4. The employee acknowledges, understands and agrees that his/her liability to repay any amounts advanced to him/her by the employer pursuant to this agreement exists regardless of whether his/her claim for benefits is ultimately approved or denied.
5. The employee will repay to the employer 100% of all monies paid by the employer as follows:
 - a) Where the claim is disallowed or where the award is less than the amounts advanced by the employer pursuant to this agreement, the employee by his/her signature affixed below, hereby consents that such amounts shall be repaid through deductions from wages (as defined in the Employment Standards Act) at a rate to be agreed upon by the employee and the employer following receipt of official notification as to whether the claim has been approved or denied;
 - b) Failing agreement, by whatever means the employer deems appropriate;
 - c) In the event that the employee leaves the employ of the employer without having discharged the debt for the monies advanced, the employee hereby assigns to the employer any wages and vacation pay to which he/she may be entitled or such portion thereof as may be sufficient to satisfy his/her indebtedness and he/she hereby authorizes and directs the employer to retain the monies assigned and apply them in satisfaction of his/her indebtedness.



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6. By signing below, the employee acknowledges that he/she has read and understood the contents of this agreement and agrees to be bound by its terms.
7. This agreement is without prejudice to any and all rights of the employer accruing otherwise than pursuant to this agreement.
8. This agreement remains in effect as long as the employee remains an employee of the employer or until otherwise revoked.

I, _____, in consideration of the monies advanced to
Please Print First and Last Name
me by my employer, do hereby assign to my employer such amount of the proceeds awarded to me by the WSIB in an amount equal to that which has been advanced to me by my employer and further, if such award(s) are insufficient, agree to the repayment process set out in paragraph # 5 above.

Dated at Hamilton, Ontario, this ____ day of _____, 20 ____.

EMPLOYEE SIGNATURE

EMPLOYEE NUMBER

(NEW HIRE: PLEASE LEAVE EMPLOYEE NUMBER BLANK)

DEPARTMENT