

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

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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: _____

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

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| 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 **