

# Employee Information Form — Appendix 335C

## A. Personal Information

Name: \_\_\_\_\_  
(Surname) (Given Name(s))

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Insurance Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(dd) (mmm) (yyyy)

## B. Emergency Contact

Name: \_\_\_\_\_  
(Surname) (Given Name(s))

Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

## C. Direct Deposit Authorization: “VOID” cheque or BANK validation form must be attached.

I hereby authorize *The Catholic Archdiocese of Edmonton* to direct deposit my monthly pay to the attached back account effective.

Date: \_\_\_\_\_ (dd/mmm/yyyy) \_\_\_\_\_ (Employee Signature)

This section to be completed by parish payroll/supervisor

## D. Employment Information

Employee of Archdiocese previously: \_\_\_\_\_  
(Previous work location)

Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(dd) (mmm) (yyyy) (dd) (mmm) (yyyy)

## E. Employee Benefits:

(Must be a permanent employee working 18 hours or more per week and completed probationary period)

**Sun Life** (Optional if currently on spouse’s group plan)

**Retirement Savings Plan** (Optional)

Extended Health Yes  No   
Dental Yes  No

Yes  No  \_\_\_\_\_ %

Life Insurance/AD&D/Dependent Life/LTD (Mandatory)

Employee Assistance Program (Mandatory)

If age 65-70 and wants to stop contributing to CPP (requires CPT30 Form) Yes  No

Name of Supervisor \_\_\_\_\_

Signature \_\_\_\_\_

Date (dd/mmm/yy) \_\_\_\_\_

