FORM NO.

A

Newfoundland Labrador

DATE RECEIVED
PAYROLL

ADD/CHANGE EMPLOYEE DATA

FORM USE (CHECK ONE)		COMPLETE SECTIONS
☐ ADD	☐ EMPLOYEE	1, 2, 3, & 4
☐ CHANGE	☐ SCHOOLS WITHIN D	1, 2
ONLY COMPLETE ITEMS THAT HAVE TO BE CHANGED	☐ EMPLOYEE NAME	1, 2
	☐ PERSONNEL	1, 2 & 3
	☐ EARNINGS	1, 2 & 4

EFFECTIVE DATE		
YY	MM	DD

1. EMPLOYER IDENTIFICATION

DISTRICT NO. ____ DISTRICT NAME _____

SCHOOL NO. ____ SCHOOL NAME _____

Percentage of Unit			Session Code	Hours Per Day

2. EMPLOYER IDENTIFICATION

SOCIAL INSURANCE NUMBER _____ SURNAME _____ GIVEN NAME _____ INITIAL _____

MAIDEN NAME (IF APPLICABLE) _____

DIRECT DEPOSIT ☐ **YES** ☐ **NO – ATTACH COMPLETED DIRECT DEPOSIT FORM**

3. PERSONNEL

EMPLOYEE CLASSIFICATION (CHECK ONE)		
☐	01	REGULAR
☐	02	SUBSTITUTE
☐	03	REPLACEMENT
☐	04	TEMP ASSIGNMENT
☐	05	REGULAR S/A
☐	06	REPLACEMENT S/A

JOB DESCRIPTION (check one)

☐	21	SUPERINTENDENT	☐	30	CLASS ROOM	☐	58	CO-OPERATIVE EDUC.
☐	22	ASST. SUPT.	☐	50	SMH	☐	59	DISTANCE EDUCATION
☐	23	PROG. CO-ORD.	☐	51	SPD	☐	60	FRENCH FED FUND
☐	24	GUID. COUNSELLOR	☐	52	EDUC. PSYC.	☐	97	STUD. ASSIT.
☐	25	SPECIALIST	☐	53	SPEECH PATH.	☐	98	MISC OTHER SPECIFY
☐	26	PRINCIPAL	☐	54	ITINER. - HEAR. IMP.	☐	99	MISC SPECIFY
☐	27	VICE-PRINCIPAL	☐	55	ITINER. – VISU. IMP.			
☐	28	DEPT. HEAD	☐	56	NATIVE			
☐	29	SPECIAL EDUCATION	☐	57	ENG. SECOND LANG.			

DATE OF BIRTH		
YY	MM	DD

SEX	
☐	MALE
☐	FEMALE

MARITAL STATUS (CHECK ONE)	
☐	SINGLE
☐	SINGLE WITH DEPENDENTS
☐	MARRIED

MARRIAGE DATE		
YY	MM	DD

RELIGIOUS ORDER TEACHER	
☐	YES
☐	NO

CHECK PERMIT AREA OF TEACHING

☐	01	ART	☐	04	MUSIC	☐	06	INDUSTRIAL ARTS	☐	08	RELIGIOUS EDUCATION
☐	02	HOME ECONOMICS	☐	05	PHYSICAL EDUCATION	☐	07	CLINICAL PSYCHOLOGY	☐	09	OTHER
☐	03	LIBRARY SCIENCE									

IF EMPLOYEE CLASSIFICATION IS 02 or 03 ENTER THE SOCIAL INSURANCE NUMBER AND NAME OF EMPLOYEE ON LEAVE

S.I.N ____ SURNAME _____ GIVEN NAME _____

4. EARNINGS

PERCENTAGE OF SALARY ____ %

HOURS PER DAY ____

NORTHERN ALLOWANCE (IF APPLICABLE)	
☐	SINGLE RATE
☐	SINGLE WITH DEPENDENTS RATE
☐	MARRIED RATE

EXEMPTION CODE	
FED	
PROV	

EXEMPTION AMOUNT	
FED	
PROV	

IF TD1 NOT ATTACHED THE SINGLE RATE WILL BE ASSUMED

DATE _____ DISTRICT AUTHORIZING SIGNATURE _____

YY / MM / DD

DEPARTMENT OF EDUCATION COPY