

FORM NO.

A



DATE RECEIVED

PAYROLL

**ADD/CHANGE EMPLOYEE DATA**

FORM USE (CHECK ONE)		COMPLETE SECTIONS	
<input type="checkbox"/> ADD	<input type="checkbox"/> EMPLOYEE	1, 2, 3, & 4	
<input type="checkbox"/> CHANGE	<input type="checkbox"/> SCHOOLS WITHIN	1, 2	
ONLY COMPLETE ITEMS THAT HAVE TO BE CHANGED	<input type="checkbox"/> EMPLOYEE NAME	1, 2	
	<input type="checkbox"/> PERSONNEL	1, 2 & 3	
	<input type="checkbox"/> EARNINGS	1, 2 & 4	

EFFECTIVE DATE		
YY	MM	DD

**1. EMPLOYER IDENTIFICATION**

DISTRICT NO. <input type="text"/>	DISTRICT NAME <input type="text"/>	Percentage of Unit	Session Code	Hours Per Day
SCHOOL NO. <input type="text"/>	SCHOOL NAME <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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)		JOB DESCRIPTION (check one)					
<input type="checkbox"/> 01	REGULAR	<input type="checkbox"/> 21	SUPERINTENDENT	<input type="checkbox"/> 30	CLASS ROOM	<input type="checkbox"/> 58	CO-OPERATIVE EDUC.
<input type="checkbox"/> 02	SUBSTITUTE	<input type="checkbox"/> 22	ASST. SUPT.	<input type="checkbox"/> 50	SMH	<input type="checkbox"/> 59	DISTANCE EDUCATION
<input type="checkbox"/> 03	REPLACEMENT	<input type="checkbox"/> 23	PROG. CO-ORD.	<input type="checkbox"/> 51	SPD	<input type="checkbox"/> 60	FRENCH FED FUND
<input type="checkbox"/> 04	TEMP ASSIGNMENT	<input type="checkbox"/> 24	GUID. COUNSELLOR	<input type="checkbox"/> 52	EDUC. PSYC.	<input type="checkbox"/> 97	STUD. ASSIT.
<input type="checkbox"/> 05	REGULAR S/A	<input type="checkbox"/> 25	SPECIALIST	<input type="checkbox"/> 53	SPEECH PATH.	<input type="checkbox"/> 98	MISC OTHER SPECIFY
<input type="checkbox"/> 06	REPLACEMENT S/A	<input type="checkbox"/> 26	PRINCIPAL	<input type="checkbox"/> 54	ITINER. - HEAR. IMP.	<input type="checkbox"/> 99	MISC SPECIFY
		<input type="checkbox"/> 27	VICE-PRINCIPAL	<input type="checkbox"/> 55	ITINER. - VISU. IMP.		
		<input type="checkbox"/> 28	DEPT. HEAD	<input type="checkbox"/> 56	NATIVE		
		<input type="checkbox"/> 29	SPECIAL EDUCATION	<input type="checkbox"/> 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
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CHECK PERMIT AREA OF TEACHING

<input type="checkbox"/> 01 ART	<input type="checkbox"/> 04 MUSIC	<input type="checkbox"/> 06 INDUSTRIAL ARTS	<input type="checkbox"/> 08 RELIGIOUS EDUCATION
<input type="checkbox"/> 02 HOME ECONOMICS	<input type="checkbox"/> 05 PHYSICAL EDUCATION	<input type="checkbox"/> 07 CLINICAL PSYCHOLOGY	<input type="checkbox"/> 09 OTHER
<input type="checkbox"/> 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 <input type="text"/> %	NORTHERN ALLOWANCE (IF APPLICABLE)		EXEMPTION CODE		EXEMPTION AMOUNT	
	SINGLE RATE		FED		FED	
	SINGLE WITH DEPENDENTS RATE		PROV		PROV	
HOURS PER DAY <input type="text"/>	MARRIED RATE					

IF TD1 NOT ATTACHED THE SINGLE RATE WILL BE ASSUMED

DATE  DISTRICT AUTHORIZING SIGNATURE

**DEPARTMENT OF EDUCATION COPY**