



PAYROLL ADVICE FORM

New Hire
 Re-Hire
 Position Change
 Other Specify _____

Change of FTE (Full Time Equiv)
 Change of Salary
 Termination

Change of Bank Account
 Change of Marital Status
 Change of Address/Name

PART A – Personal Information Effective Date: _____ Employee #: _____

Legal First Name: _____ Legal Last Name: _____ Middle Name: _____

Preferred Name: _____ SIN No.: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ Postal Code: _____ Marital Status: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relation: _____ Contact #: _____

PART B – Facility Information First Shift Worked: _____

Facility/Site Location: _____ Department/Unit: _____

Position Code (Includes SITE/DEPT/OCCUP-#): _____ Union: _____

Occupation: _____ Employee Type: _____ FTE: _____

If Term: From _____ to _____ Replacing: _____ Reason: _____

Void Cheque/Bank Document Portability Requested Former Employer: _____

Salary: Step _____ Pay Scale \$ _____ per hour. Academic Course (if any) _____ \$ _____ per hour

Change of Site within RHA? Former Site: _____ CPP Exempt: _____ Reason: _____

PART C – Required Information for: New Hire, Position Change, Change of FTE, Termination

Check **one**: Designated Bilingual Position Target Bilingual Position Not Applicable

If designated bilingual, specify: French Language Assessment _____ Meets Does Not Meet

Date

PART D – Termination

Reason for leaving: _____

Last day worked: _____

PART C – Completed and Verified Inputted: QHR
ESP

_____ Date _____ Payroll Clerk _____ Date _____

Dept. Manager _____

Comments: _____
