



**HUMAN RESOURCES DEPARTMENT**  
225 Central Avenue West  
Brockville, ON, K6V 5X1  
askUCHR@ucdsb.on.ca

### Payroll Information Form

In order for your pay to be processed, we require the following information. Please complete and return this form to the above address.

Name: \_\_\_\_\_  
(Please Print)

Address 1: \_\_\_\_\_  
(Street, Box #)

Address 2: \_\_\_\_\_  
(Town, Prov.)

Address 3: \_\_\_\_\_  
(Postal Code) (Phone Number)

Social Insurance #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Personal Email: \_\_\_\_\_

(This will only be used once for the initial communication sent to new employees. All future communication will be sent to your UCDSB email.)

Retired Teacher in receipt of Ontario Pension Benefits: Yes  No

Are you now or have you ever been a qualified Teacher in the Province of Ontario? Yes  No

OCT Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staple Void Cheque or Direct Deposit Slip Here:

Return form to Human Resources Department