## New Employee ASSENTT **Setup Form**



Name of Employer		
EMPLOYEE PERSONAL INFORM	ATION	
Name	Cell Phone	E-mail ID
SIN	Date of Birth	Home Address
Date of Hire	Job Title	
Employee Number		
Payment Method O CHEG	QUE O DIRECT DEPOSIT	<u>'</u>
PAYROLL DETAILS & RULES		
Province of Employement	Type of Employement	Pay Rate
Pay Rate Unit	Standard	d Hours/Week
Pay Frequency O WEE	EKLY O BI-WEEKLY O SEMI-M	ONTHLY () MONTHLY
10 50 10 40 40 10 10	222 222	
FINANCIAL YTD		
Regular Hours	Overtime Hours @ 1.5	Doubletime Hours @ 2
Regular Earnings	Statutory Holiday	Sick Day
Personal Day	Shift Premium	Company Pension Plan
Contribution to RRSP	Federal Tax	E
Canada Pension Plan		
Notes		