UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY

PAYROLL PROFILE FORM

Have you previously been paid by the University of Toronto?

☐ **No** ☐ **Yes: U of T Personnel Number** _____

If you are currently receiving pay at the University of Toronto (complete all that apply):

Department/Unit, Faculty/Division	Name of Hiring Manager (if within the Leslie Dan Faculty of Pharmacy)

Are you or have you been a student at U of T?

☐ **No** ☐ **Yes:** ☐ **Undergrad** ☐ **Grad** **U of T Student Number** _____

Full Name (must be provided as it is registered with your Social Insurance Number):

_____ _____ _____
Last Name First Name Middle Name(s)/Initial(s)

Preferred Name: _____ **Personal Email**: _____

Form of Address: ☐ **Dr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Mr** ☐ **Mx** ☐ **Misc**

Gender: ☐ **Male** ☐ **Female** ☐ **Another** **Date of Birth (dd/mm/year):** _____/_____/_____

☐ **Canadian/Permanent Resident** **or** ☐ **Temporary Resident: Attach Work/Study Permit**

If you are a returning employee, check here if your address or banking info has changed: ☐

Mailing Address:

_____ _____
Apt. # Home Street Address

_____ _____ _____
City Province Postal Code

_____ _____
Home Telephone Number Cellular Telephone Number

Banking Information (Payment is by Direct Deposit): ☐ **Attach a Void Cheque or Bank Direct Deposit Form)**

I confirm the information provided is accurate and complete.

_____ _____
Signature Date

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