

NEW EMPLOYEE DETAIL FORM

Personal Information:			
First Name: Susan		Last Name:	Nelson
Date of Birth (YYYY/MM/DD): 1967/09/03			
Phone #: 705-272-4449		Alt. #: 705-4	465-8284
Email (Personal): sue.ne	elson67@outlook.com		_
Home Address:			
2029 Con 2&3	Cochrane	ON	P0L 1C0
# Street	City	Province	Postal Code
Mailing Address (if diffe	erent):		
P.O Box	City	Pronvice	Postal Code
Employment Information:			
Start Date: December	4, 2023	Employee #:	
Employment Type:		Employment Status:	BUDGET CODE:
Permanent		zmploymont otatae.	Full Time BUDGET CODE:
Contract End Date:			Casual
		2-Annual Control of Co	Salary: 55,736
Position: Restorative Justice Worker			Pay Band: 6
Manager: Leahan Parrott			Grid: 1
Banking & Payroll Information:			
Name of Bank: CIBC			
Account #: 0389234			
Transit #: 00492			
Institution #: 010			
SIN #: 476-025-994	4		
Tax Exemption:			
Declaration Form Attached? Yes Band Membership #: 2330022701			
Yes Band Membership #: 2330022701 No - Fed/Prov Tax Forms Attached			
Pension and Benefits:			
Pension Eligibility Date: March 4, 2024			
Benefit Eligibility Date:	March 4, 2024		
Finance Only:			
Date Received:		Entered into Adagio	o Systems by: