

Hire Date	
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Instructions for New Hire

1. Complete this form electronically and be sure to save it as you go.
2. Complete the “To be Completed by New Hire” section of this form.
3. Email it to your HR Representative as soon as possible for prompt payroll processing.

TO BE COMPLETED BY NEW HIRE

Preferred Pronouns (Ex: She, her, hers. He, him, his. They, them, their. Ze, hir.)	
Preferred First Name	
Formal/Legal First Name	
Middle Name	
Last Name	
Street Address	
City	
Province/State	
Country	
Zip/Postal Code	
Home Phone Number	
Mobile Phone Number	
Email Address	
Direct Deposit	Insert an image of your voided cheque, or refer to your online banking information and provide your banking details here.

This template is included in the ConnectsUs HR™ Toolkits.



Set up your HR Department

A complete HR Toolkit for small business to create and maintain your HR fundamentals.

Create your HR materials

- 260+ premium templates to create contracts, employee manuals, forms, spreadsheets and manager guides
- Download your HR folders
- Identify your HR priorities
- 22 HR topics
- Create HR intranet

Support your HR Function

- COVID-19 Portal
- Legislation Portal
- Remote Workforce Portal
- Mental Health Portal
- Diversity & Inclusion Portal
- Weekly updates, email notifications
- Help & support. With real humans!



Create HR for Clients

HR Toolkit for Small Business, but made for HR consultants with the following differences:

- Special licensing for use with clients
- Additional module + additional download of pre-assembled folders and templates to create your own master HR toolkit to re-use for new clients
- Pricing.



	<input type="checkbox"/> Indigenous/First Nations <input type="checkbox"/> Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> White <input type="checkbox"/> Other. Please Specify:
Are you a person living with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require accommodations for a disability?	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
Medical Alerts Do you have any medical conditions you would like to disclose in the case of a medical emergency?	

TO BE COMPLETED BY HR

Staff #	
Reason for Data Entry	New Hire
Date of Change (YYYY-MM-DD)	See Hire Date below
Engagement Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Leave <input type="checkbox"/> Laid off <input type="checkbox"/> Terminated
Hire Date (YYYY-MM-DD)	
Title	
Department	

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COMMENTS
