



Department of Statistics
 University of Toronto
 100 St. George Street, 6th Floor
 Toronto, Ontario M5S 3G3

Personal Profile Form

| | | | | | | | |
|---|--------------|--|--|---|-------------------------------|--|--|
| Last Name | | First Name | | Initial(s) | Date of Birth DD MM YR | | |
| Apt # | No. & Street | | | City | | | |
| Prov. | Postal Code | e-mail Address | | Home Phone # | | | |
| Social Insurance Number | | U of T Personnel Number | | U of T Student Number | | | |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Professor <input type="checkbox"/> Student Undergraduate – Canadian <input type="checkbox"/> Student Undergraduate Foreign <input type="checkbox"/> Stipend / Lecturer <input type="checkbox"/> Student Graduate Canadian <input type="checkbox"/> Work Study Student <input type="checkbox"/> Student Graduate Foreign <input type="checkbox"/> Other _____ | | | | Employment Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Immigrant <input type="checkbox"/> Work Permit (attach copy) <input type="checkbox"/> Other _____ | | | |
| DIRECT BANK DEPOSIT PAYROLL <i>TO ENSURE ACCURACY OF YOUR ACCOUNT NUMBER PLEASE ATTACH A CHEQUE MARKED VOID</i> If you are NOT currently set up for Direct Deposit please complete | | | | | | | |
| Bank Account Number | | Transit Number | | Name of Bank or Financial Institution | | | |
| Bank Address: (Street No. & Name, City, Province) Canadian Branch Only | | | | | | | |
| I hereby authorize the University of Toronto to deposit my payments in the bank or financial institution designated and I hereby authorize the bank or financial institution designated to release my bank account number to the University of Toronto Payroll Department. | | | | | | | |
| _____ | | _____ | | _____ | | | |
| <i>Your Signature</i> | | <i>Signature of Manager/Supervisor</i> | | <i>Date</i> | | | |

FOR DEPARTMENT USE

| | | | | | | | |
|--------------------------|-------------------------------|--------------------|----|-----------|------|--|--|
| Supervisor/Manager Name: | | Fund (Grant) Name: | | | | | |
| Total Salary Amount: | Salary Amount Monthly/Hourly: | Start Date: | | End Date: | | | |
| Employee Position #: | Wage Type: | Fund Number: | CC | CFC | Fund | | |
| Course Code Teaching: | | | | | | | |