

CONFIDENTIAL EMPLOYEE DATA

Name (Surname & Initial) Or Payroll Number	Class	Marital Status	Sex M F	Dep Cover		Health Single Family Waive	Dental Single (S) Family (F) Waive (W)	Date of Birth M/D/Y	Earnings (Indicate Basis) Annual (A) Weekly (W) Bi-Weekly (BW) Hourly (H) # of Hours (<u> </u>) Monthly (M)	Job Description	Date of Hire M/D/Y	Province of Residence
				Yes	No							
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