

Retroactive Payment Request for Former Staff

Please complete this form and save a copy for your records.
Then submit this form to Human Resources using the "Submit" button at the bottom of this form.

Employee Information:

| | | | |
|---|---|--|---------------------------------|
| First Name: | Last Name: | Employee ID Number: | Date of Birth: YYYY-MM-DD |
| Social Insurance Number: | Former Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No | Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last Worked: YYYY-MM-DD |
| Home Address: | City: | Postal Code: | |
| Home/Cell Number: | Personal Email Address: | | |
| Union: <input type="checkbox"/> CUPE <input type="checkbox"/> ONA <input type="checkbox"/> OPSEU <input type="checkbox"/> CLAC <input type="checkbox"/> OPAA <input type="checkbox"/> NON-UNION | | | |
| Last Position Title: | Last Position Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual | | |

I confirm I am a former employee or retiree of St. Joseph's Healthcare Hamilton and I am requesting a review of my past earnings in light of potential retroactive payments owed to me.

My banking information has not changed, please use the prior banking information on file.
Note: If you select this option, no further banking details are required.

Employee Signature:

Date: YYYY-MM-DD

- Please submit this form using the "Submit" button below.
- Check the **Sent Items** Folder in your e-mail application to verify this request was sent.
- If you are working **outside of the SJHH Network**, or are having trouble submitting this form, please save a copy of form on your computer and e-mail this form as an attachment to Human Resources, at Compensation@stjoes.ca.