



# Part-Time Per Diem Appointee Contact Data

## Instructions

- The form **MUST** have a **WIN ID**, **name** and a **signature** to be processed.
- **New appointments:** This form must be completed as part of the induction process and included with the new appointment package. **DO NOT** send this form separately.
- **Appointees in WIN** must use this form to request changes to the personal information identified below.

## Questions? Call OSS Contact Centre

	Telephone Number	Teletypewriter (TTY)
Within the Greater Toronto Area	416-326-9300	416-327-3851
Outside the Greater Toronto Area	1-866-979-9300	705-755-5544 <b>or</b> 1-866-310-7259

## Collection of Personal Information

Personal information contained on this form is collected under the authority of the *Ministry of Government Services Act*, R.S.O. 1990, c. M25. s.6. Questions about this collection should be directed to the Ontario Shared Services Contact Centre (see contact information listed above) or write to the Director, Pay and Benefits Operations Branch, Pay and Benefits Services Division, Ontario Shared Services, c/o Macdonald Block Mail Facility, 77 Wellesley St. W, PO Box 500, Toronto ON M7A 1N3.

### 1. Appointee Identification

Ministry Name		Agency Name	
Appointee Title			
<b>Legal Name</b> – must be as stated on: Canadian Birth Certificate, Canadian Passport, Canadian Citizenship Card, Landed Immigrant Status or Work Permit			
Last Name		First Name	Middle Initial
WIN ID	Social Insurance Number	Date of Birth (yyyy/mm/dd)	

### 2. Appointee Contact Information

#### New Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number Home		Cell	Home Email Address

#### Previous Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number Home		Cell	Home Email Address

### 3. Emergency Contact Information

Last Name		First Name		Relationship to Appointee	
Does contact have the same address and telephone number as appointee?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide information below ▼					
Unit Number	Street Number	Street Name	PO Box		
City/Town		Province/State	Postal/ZIP Code	Country	
Telephone Number (include country code if outside Canada)					
Home		Business	Cell	Other	

### 4. Signature

Appointee's Signature		Date (yyyy/mm/dd)
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