

## **EMPLOYEE INFORMATION**

LEGAL NAME:	PREFERRED NAME: Will be used for Outlook Directory
ADDRESS:	UNIT #:
CITY:	POSTAL CODE:
	SONAL EMAIL:
SOCIAL INSURANCE NUMBER:	DATE OF BIRTH: MM / DD / YYYY
SEX: MALE FEMALE INTERSEX	PREFER NOT TO ANSWER
IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON:	
NAME:	
RELATIONSHIP:	<del></del>
PHONE #:	(HOME)(WORK)(CELL)
I consent to my emergency contact information (name information) being made available to my People Leade Self Service portal of JDE. This information will only be means of contact are unavailable.	er through the Manager
SIGNATURE:	DATE: MM / DD / YYYY