

NEW EMPLOYEE CHECKLIST

NAME:				
	LAST	FIRST NAME	MIDDLE NAME	
MUST COMPLETE AT ORIENTATION (DATE)				
	PLEASE SEND	TO MARKET LEADER C	NCE COMPLETED	
	NEW EMPLOYEE HIRE FORM COMPLETE			
	TD1 FORM COMPLETE			
	TD1BC FORM COMPLETE			
	VOID CHEQUE ATTACHED TO NEW HIRE FORM			
	COPY OF SIN # (expiry date if applicable)			
	COPY OF WORK PERMIT (if applicable)			
	HAVE LOG IN CREDENTIALS SET UP IN PTEU			
	SHOW HOW TO SIGN IN/OUT EACH SHIFT			
STORE MANAGER:				
		INT	SIGNATURE	
MARKET I FADER VERIFICATION (SIGNATURE)				