

**Pay Equity Adjustment Request Form – CONFIDENTIAL when complete**

First Name			
Last Name (at time of employment)			
S.I.N		York Employee ID (if known)	
Former Address:		Current Address:	
<b>Current Tel #</b>			
Daytime _____		Evening _____	Cell _____
Email Address:			
Period(s) of Time Worked Name all period(s) or provide approximate dates			
Department(s) in which work was performed			
Type of Work performed (brief description)			
Signature:			
Date:			

Please return by mail to:

York University Human Resources  
 Attn: Pay Equity Coordinator  
 Kinsmen Building  
 8 The Chimneystack Road  
 York University  
 4700 Keele Street  
 Toronto, ON M3J 1P3 **OR**  
[yusa2payequity@yorku.ca](mailto:yusa2payequity@yorku.ca)

e-mail to:

