



Consent to the Use and Disclosure of Personal Information

Privacy of your personal information is very important to us. We are committed to collecting, safeguarding, using and disclosing your personal information responsibly.

All staff members who come in contact with your personal information are aware of the need for confidentiality and right to privacy.

We will ensure that:

- Only necessary information about you is collected
- We will share your information only with your consent or unless compelled by law
- We will be open and transparent about the way we handle and disclose your personal information
- Storage, retention and destruction of your personal information will comply with existing legislation, and privacy protection protocols

Human Resource Services will collect, use and disclose information about you for the following purposes:

- Assess your qualifications for positions in our organization
- Administer your pay, pension & benefits
- To enable us to contact you or to contact designated individuals in an emergency situation
- To allow us to maintain communication and distribute information
- To collect & remit payments on your behalf for your OMERS, CRA, CPP, EI and any other statutory deductions, as well as for your RRSP if applicable.
- To collect and remit union dues
- To administer Workplace Safety and Insurance Board (WSIB), Short Term Disability (STD) and Long Term Disability (LTD) benefits
- To assess your performance
- To aid in deployment and succession planning for the organization
- To process purchase card transactions where applicable
- To comply with law enforcement requests or to the extent authorized by other laws

Do not hesitate to discuss our privacy practices with any member of our office staff. Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

By signing this Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed above. If a new or specific purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance. When requests not identified above are received for personal information, we will contact you for permission to release such information.

I have reviewed the above information that explains how use of my personal information will be used. I agree that York Region can collect, use and disclose personal information about me as set out above.

Signature

Employee Name

Date

Signature of Witness