

NAME / ADDRESS CHANGE FORM

Today's Date: _____	Employee No. _____
SIN: _____	Employee Group: _____
Employee's Name: _____	
Last/Surname	First Name (Preferred Name)
Initial	Initial

Name Change* (please type or print clearly)

To: _____

Last/Surname	First Name	Initial
--------------	------------	---------

Previous: _____

Last/Surname	First Name	Initial
--------------	------------	---------

Employee Signature _____ Change District Email Address

* Official Name Change or Proof of Name Document
(DO NOT fax this document – please bring original in person to HR for verification)

New Address

Address _____	City _____	Province _____	Postal Code _____
---------------	------------	----------------	-------------------

Phone Number: (_____) _____ Alternate Phone Number: (_____) _____

Area Code Area Code

Delete Alternate Telephone # _____

(Please note: This information will change our ADS records)

Effective Date: _____ Employee Signature: _____

(mm/dd/yy)

Earnings Statements are now available through eServices.

For Human Resources Use Only

<p><u>Address Change</u></p> <p><input type="checkbox"/> Entered into PRM</p> <p><input type="checkbox"/> Updated Pensions BC</p>	<p><u>Name/Address Change Only</u></p> <p><input type="checkbox"/> Photocopy Original Proof of Name Document</p> <p><input type="checkbox"/> Enter into PRM <input type="checkbox"/> Name Change Binder</p> <p><input type="checkbox"/> Copy to Payroll <input type="checkbox"/> Email to IT</p> <p><input type="checkbox"/> Update Pensions BC</p>
--	--

Return to Human Resources Services FAX: 250-475-4113