



NAME / ADDRESS CHANGE FORM

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

Name Change* (Your IT privileges will automatically be updated)

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

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 Benefits Specialist</p>	<p><u>Name Change Only</u></p> <p><input type="checkbox"/> Photocopy Proof of Name Document</p> <p><input type="checkbox"/> Enter into Atrieve</p> <p><input type="checkbox"/> Email to Emp, IT, FS, Payroll, HRM(s)</p> <p><input type="checkbox"/> Scan copy to Benefits Specialist</p>
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Return to Human Resources Services FAX: 250-475-4113