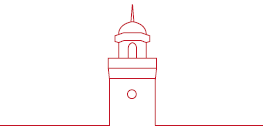
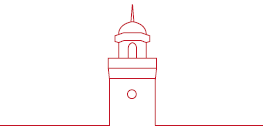


**Information Change Form**



DEPARTMENT OF

**HUMAN RESOURCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REQUIRED FIELDS** | | | | |
| Last Name: | | First Name: | | Middle Initial: |
| Employee ID (if known): | Department: | | Contact # or Email: | |

|  |  |  |
| --- | --- | --- |
| **TYPE OF CHANGE: Indicate  which change(s) is applicable** | | |
| Address: | Telephone #: | Alternate Email: |
| Direct Deposit: | Emergency Contacts: | Name: |

**COMPLETE ONLY AREAS BELOW AFFECTED BY THE CHANGE AND SIGN**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDRESS** | | | |
| Effective Date: (Year/Month/Day) | | | |
| Permanent Mailing Address: | | | |
| City: | Province: | Country: | Postal Code: |

|  |  |
| --- | --- |
| **PHONE/EMAIL** | |
| Work Phone #: | Cell Phone #: |
| Home Phone #: | Alternate Email: |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACTS** (Contacts entered below will replace any emergency contacts currently in the system) | | |
| **Primary Contact** | | |
| Name: | | Relationship: |
| Home Phone #: | Cell Phone #: | Work Phone #: |
| **Secondary Contact** | | |
| Name: | | Relationship: |
| Home Phone #: | Cell Phone #: | Work Phone #: |

|  |  |  |
| --- | --- | --- |
| **NAME** (change requires a copy of a government issued certification/record of legal name change OR certified marriage certificate) | | |
| First Name: | Middle Name: | Last Name: |
| I have attached a copy of a government issued certification/record of legal name change or certified marriage certificate to this document | | |

|  |
| --- |
| **DIRECT DEPOSIT** |
| Your new account must be with a financial institution in Canada. Please provide a new void cheque or form from your online banking or bank branch providing the electronic information (Institution Name, Institution Number, Transit Number and Account Number) for direct deposit. If you do not provide this information, delays in payment may result. |
| I have attached a void cheque or form from my bank to this document |

Employee Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form Revision Date: February 8, 2017