

EMPLOYEE INFORMATION CHANGE REQUEST

EMPLOYEE ID NUMBER _____ EMPLOYEE NAME _____

LOCATION _____ POSITION _____

FORWARD TO HUMAN RESOURCES SERVICES

ADDRESS and/or PHONE NUMBER CHANGE	
Address:	Phone Number:
Postal Code:	Date Effective From (day/month/year):

FORWARD TO HUMAN RESOURCES SERVICES

NAME CHANGE	
Current Name:	
New Name:	
Reason for Change:	
Date Effective From (day/month/year):	

FORWARD TO HUMAN RESOURCES SERVICES

MARITAL STATUS CHANGE				
Current Name:		New Name:		
Single	Married	Divorced	Separated	Widowed
Date Effective From (day/month/year):				
Please take the appropriate action to ensure that all relevant changes are made to those records impacted by a change in marital status (health benefits, Pension Board etc.).				

FORWARD TO PAYROLL DEPARTMENT

BANK ACCOUNT CHANGE	
Bank Name:	Bank Address:
Transit Number:	Account Number:
Date Effective From: (day/month/year):	
<p>*A blank cheque or Pre-authorization Payment Banking Form must accompany this Change Request.</p> <p>*A bank account should not be closed until one pay has been deposited into the new account.</p>	

SIGN, DATE AND FORWARD TO THE APPROPRIATE DEPARTMENT AS NOTED ABOVE:

Employee Signature

Date Signed

FOR BOARD USE ONLY			
COPY to Benefits Administrator		COPY Forwarded to Payroll Department by Human Resources Services	
Payroll – Processed By:	Date Processed:	Payroll Benefits – Processed By:	Date Processed: