

NAME / ADDRESS / CONTACT CHANGE FORM

Today's Date:	Employee No
SIN:	Employee Group:
Employee's Name: Legal Last Name	Legal First Name
Name Change * (your IT privileges will automatically be updated)	
To Legal Last Name Legal First Name	(Preferred Name) Preferred Pronoun
Employee Signature:	
* Official Name Change or Proof of Name Document (SIN or Drivers License) attached	
New Address / Phone Number/Emergency Contact (complete applicable information & sign/date)	
Address City	Province Postal Code
Phone Number: Alt	ernate Phone Number:
Delete Phone #	
Emergency Contact:	
Phone Number: Alternate Phone Number:	
Effective Date: Employee Signature:	
For Office Use Only	
Address/Phone/Contact Change Na Entered in SDS Emailed Payroll Updated Filemaker Image: Contact Change	 ame Change Only Photocopy Proof of Name Document Entered in SDS Updated Filemaker Email to Emp, Tech, Dispatch, Purchasing, SIS Manager, Health & Safety, HRM(s), DLC Scan copy to Payroll Accounting (for KEV)