



NAME / ADDRESS CHANGE FORM

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

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

To _____
Legal Last Name Legal First Name (Preferred Name) Initial

Previous: _____
Last/Surname First Name Initial

Employee Signature: _____

* Official Name Change or Proof of Name Document (SIN or Drivers License)

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 dispatch records)

Effective Date: _____ Employee Signature: _____

For Office Use Only

<p><u>Address Change</u></p> <p><input type="checkbox"/> Entered into SDS</p> <p><input type="checkbox"/> Emailed Payroll</p> <p><input type="checkbox"/> Updated Filemaker</p>	<p><u>Name Change Only</u></p> <p><input type="checkbox"/> Photocopy Proof of Name Document</p> <p><input type="checkbox"/> Enter into SDS</p> <p><input type="checkbox"/> Email to Emp, Tech, Dispatch, Purchasing, SIS Manager, Health & Safety, HRM(s), DLC</p> <p><input type="checkbox"/> Scan copy to Payroll</p> <p><input type="checkbox"/> Accounting (for KEV)</p>
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