COWICHAN VALLEY School District | Human Resources

NAME / ADDRESS / CONTACT CHANGE FORM

Today's Date: _____ Employee No. _____

SIN: _____ Employee Group: _____
(CVTF/CUPE/USW)

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: _____ Alternate Phone Number: _____

Delete Phone # _____
(Please note: This information will change our dispatch records)

Emergency Contact:_____

Phone Number: _____ Alternate Phone Number: _____

Effective Date: _____ **Employee Signature:** _____
(mm/dd/yy)

For Office Use Only

Address/Phone/Contact Change	Name Change Only
☐ Entered in SDS ☐ Emailed Payroll ☐ Updated Filemaker	☐ 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)