

NOTICE OF CHANGE FORM

CONTRACT # _____

EMPLOYEE'S NAME _____

GROUP # _____ ROLL# _____ EMPLOYEE # _____

EMPLOYED BY: _____

EMPLOYEE: Please complete the appropriate section(s) and return to your personnel administrator.

1. CHANGE OF ADDRESS

STREET OR BOX NUMBER _____

CITY, TOWN AND PROVINCE _____

POSTAL CODE _____

2. LEFT EMPLOYMENT

DATE OF TERMINATION _____

3. CHANGE OF NAME

FROM: _____ (NAME IN FULL)

TO: _____ (NAME IN FULL)

(If due to marriage, section 4 must be completed.)

4. ADDITION OF DEPENDENT AND/OR SPOUSE

NAME IN FULL: _____

RELATIONSHIP TO EMPLOYEE: (Please check)

LEGAL SPOUSE

COMMON LAW SPOUSE

NATURAL SON

NATURAL DAUGHTER

OTHER _____

(Please Specify)

DATE OF BIRTH _____ DATE OF MARRIAGE/ COHABITATION _____

Day Month Year Day Month Year

5. DELETION OF DEPENDENT (S) AND/OR SPOUSE

NAME IN FULL: _____

REASON: _____ DATE _____

Day Month Year

6. OTHER CHANGES (SPECIFY)

EMPLOYEE'S SIGNATURE _____ DATE _____

PERSONNEL ADMINISTRATOR'S SIGNATURE _____ DATE _____