

Department of Education

Add/Change Personal Information			
Empl ID	Name:	: ntly in system)	
Check the Type of change required			
1 Name change	2 Address change	3 Phone Number	4 SIN Change
1 Nome Change			
1. Name Change			
New First Name:			
New last name:			
Effective Date:			
	2. Addre	ss Change	
New Mailing Address:		New Physical Address:	
		_	
		-	
		-	
3. Phone Number change			
New Phone Number:		_	
4. Social Insurance Number Change			
New Social Insurance Number:			
Employee Signature:		Date:	
INTERNAL USE ONLY			
Actioned by :	Signature:	Date:	·
Verified By:	Signature:	Date:	