



Add/Change Personal Information

Empl ID

Name: _____
(currently in system)

Check the Type of change required

1 Name change

2 Address change

3 Phone Number

4 SIN Change

1. Name Change

New First Name: _____

New last name: _____

Effective Date: _____

2. Address 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: _____