



Notice of Change Form

SECTION 1: Complete all applicable fields below

Employee Name: _____ Emp/Prof #: _____

School/Site: _____ Position: _____

Effective Date of Change: Year: _____ Month: _____ Day: _____

Name Change

Old Name: _____ New Name: _____

Marital Status Change

Old Status: _____ New Status: _____

Phone Number Change

Old Phone #: _____ New Phone #: _____

Email Change

Old Email#: _____ New Email #: _____

Address Change

Old Address: _____

City: _____ Province: _____ Postal Code: _____

New Address: _____

City: _____ Province: _____ Postal Code: _____

SECTION 2: Employee Authorization

I hereby request and authorize the Human Resource Services Department to update my employee records in accordance with the information provided above.

Signature: _____ Date: _____

Human Resource Services
FAX: (902) 464-2316