



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.	<p>CHANGE OF ADDRESS</p> <p>STREET OR BOX NUMBER _____</p> <p>CITY, TOWN AND PROVINCE _____ POSTAL CODE _____</p>
2.	<p>LEFT EMPLOYMENT</p> <p>DATE OF TERMINATION _____</p>
3.	<p>CHANGE OF NAME</p> <p>FROM: _____ (NAME IN FULL)</p> <p>TO: _____ (NAME IN FULL)</p> <p>(If due to marriage, section 4 must be completed.)</p>
4.	<p>ADDITION OF DEPENDENT OR SPOUSE</p> <p>NAME IN FULL: _____</p> <p>RELATIONSHIP TO EMPLOYEE: (Check One)</p> <p><input type="checkbox"/> LEGAL SPOUSE</p> <p><input type="checkbox"/> COMMON LAW SPOUSE</p> <p><input type="checkbox"/> NATURAL CHILD (SON/DAUGHTER)</p> <p><input type="checkbox"/> OTHER _____ (Please Specify)</p> <p>DATE OF BIRTH _____ DATE OF MARRIAGE/ COHABITATION _____</p> <p style="text-align: center;">Day Month Year Day Month Year</p>
5.	<p>DELETION OF DEPENDENT(S) OR SPOUSE</p> <p>NAME IN FULL: _____</p> <p>REASON: _____ DATE _____</p> <p style="text-align: center;">Day Month Year</p>
6.	<p>OTHER CHANGES (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>EMPLOYEE'S SIGNATURE _____ DATE _____</p> <p>PERSONNEL ADMINISTRATOR'S SIGNATURE _____ DATE _____</p>	