

## Employee Information Change

Last Name	First Name	Middle Initial	Employee No.	Effective Date of Change
Department			Section	
<b>New Name</b>				
Last Name	First Name	Middle Initial		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>Marital Status Change:</b> (Check One) <input type="checkbox"/> Married    <input type="checkbox"/> Single <input type="checkbox"/> Widowed    <input type="checkbox"/> Common-Law</div><div style="width: 45%;"><b>Title Change:</b> (Check One) <input type="checkbox"/> Miss    <input type="checkbox"/> Mrs.    <input type="checkbox"/> Mr.    <input type="checkbox"/> Ms.    <input type="checkbox"/> Dr.</div></div>				
<b>New Home Address</b>				
Apartment No./Unit, Street No., and Street Name				
City			Prov.	Postal Code
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>New Telephone No.</b></div><div style="width: 40%;"><b>Province Codes:</b> AB Alberta    NL Newfoundland &amp; Labrador BC British Columbia    NS Nova Scotia MB Manitoba    NT Northwest Territories NB New Brunswick    NU Nunavut</div><div style="width: 30%;"> ON Ontario PE Prince Edward Island QC Quebec SK Saskatchewan YT Yukon Territory</div></div>				
<b>New Mailing Address</b>				
Apartment No./Unit, Street No., and Street Name				
City			Prov.	Postal Code
<b>Change in Emergency Notification</b>				
First/Last Name of Emergency Contact			Telephone No. 1	
Relationship (Check One) <input type="checkbox"/> Husband <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Friend <input type="checkbox"/> Wife <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Relative <input type="checkbox"/> Other			Telephone No. 2 (If Applicable)	
Apartment No./Unit, Street No., and Street Name				
City			Prov.	Postal Code
For changes to Health Coverage status and/or dependents, please complete the Healthcare and Dental Coverage/Dependents Change of Information Form #803114.				
Employee's Signature _____ Date _____				