



Human Resources Department

Submission Date:

(MM/DD/YYYY)

Employee Change of Information Form

Print out and Fax form to 905 381 5609

OR

Click the Submit button at the bottom of the form to email to benefit-records@stjosham.on.ca

Name:

Department:

Status:

Employee ID/Number:

Job Title:

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Change My Address:

Street Address:

Apt./Unit #:

City:

Province:

Postal Code:

Home Phone:
(Include Area Code)

Effective Date:

Change My Marital Status: *Submit a copy of the Marriage License or Declaration of Common-Law Spouse form with this form. (Common-law spouse form available on MyStJoes within Human Resources Forms) For details about changing benefit coverage, contact the Employee Helpline x35300.

Married*

Common-law*

Separated

Divorced

Widowed

Single

Change My Name: Submit a copy of an official document (driver's license, birth certificate, passport, marriage license, professional registration certificate) that confirms the new name.

Last Name:

First Name:

Change My Emergency Contact Information:

Name:

Relationship to You

Address

Telephone ÀÇD

Home:

Work:

Cell:

Home:

Work:

Cell:

Employee Signature:

Date:

(MM/DD/YYYY)