

# Employee Information Change Form

## Employee Information

<b>Employee Name:</b>	
<b>Employee Number:</b>	<b>Location:</b>

Please complete the relevant sections below to update your personal information. Signature and date at the bottom of the form are required. Please submit to your site HR department for processing.

## Updated Personal Information:

<b>Legal Name:</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
<b>Preferred First Name:</b>			
<b>Reason for Name Change:</b>			

<b>Gender:</b>	<b>Marital Status*:</b>
<b>*Please Provide Marital Status Change Effective Date:</b>	

## Updated Contact Information:

<b>Email Address:</b>	
<b>Cell Phone:</b>	<b>Home Phone:</b>

<b>Mailing Address:</b>	
<b>Address Line 2:</b>	
<b>City:</b>	<b>Province:</b>
<b>Country: Canada</b>	<b>Postal Code:</b>

## Updated Emergency Contact Information:

<b>Emergency Contact Full Name:</b>		<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Work Phone:</b>	<b>Preferred Number:</b>	
<b>Emergency Contact Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>

**Notes:**

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<b>Employee Signature:</b>	<b>Date:</b>
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