



CORPORATE SERVICES GROUP  
Financial Services  
Payroll Services

Date: \_\_\_\_\_

TO: PAYROLL BRANCH

SUBJECT: NOTICE OF CHANGE

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EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_ DEPARTMENT #: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

PLEASE CHANGE MY:

NAME (Please give previous name): \_\_\_\_\_

\*Attach a Copy of SIN card showing the legal name.

Note: Name changes are required to be reflected on SIN cards. Application for name change on SIN card is required to be submitted within 60 days of name change.

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ (If unlisted, please indicate with \*)

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_