



HUMAN RESOURCES
EMPLOYEE UPDATE FORM
FOR PERSONAL INFORMATION CHANGES

LAST NAME: FIRST NAME:

KNOWN AS FIRST NAME: SAPHR EMPLOYEE #:

(Please Note: Your "KNOWN AS" first name is often used in place of your "First Name" for non-legal reporting and staff directories within the Board. (e.g. Tony for Anthony)

POSITION: LOCATION:

CHANGE OF MARITAL STATUS

Current Status on File: Change to: Married [] Single [] Other:

CHANGE OF LEGAL SURNAME

Legal Surname Change From: To:

Note: supporting legal documents must accompany a legal name change request including a name change on a social insurance card

CHANGE OF SOCIAL INSURANCE NUMBER

Current S.I.N. #: To New S.I.N. #:

NOTE: a copy of your new social insurance card must be attached to initiate a social insurance number change request

CHANGE OF ADDRESS

Effective Date:

New Address:

City: Province: Postal Code:

Home Phone Number: Cell Phone Number:

CHANGE OF EMERGENCY CONTACT INFORMATION

First Name: Last Name:

Phone Number: Relationship: (I.E. SPOUSE, MOTHER, FATHER, FRIEND, ETC.)

DATE: EMPLOYEE SIGNATURE:

COMPLETED FORM TO BE FORWARDED TO HUMAN RESOURCES BY COURIER OR FAX TO:

ELEMENTARY TEACHERS, INTERNATIONAL LANGUAGE INSTRUCTORS, LUNCHTIME SUPERVISORS: FAX TO: (416)-512-3047
SECONDARY TEACHERS, MSGR FRASER INSTRUCTORS, CHAPLAINS: FAX TO: (416)-512-3048
SUPPORT STAFF: CUPE 1328, 1280, NON-UNION, E.T.F.O., SUPPLY:ECE, EA'S, TEMP STAFF: FAX TO: (416)-512-3046
OCCASIONAL TEACHERS, APSSP: FAX TO: (416)-512-3044
CUPE 1328 ADULT ESL INSTRUCTORS, NURSERY INSTRUCTORS: FAX TO: (416)-512-4992

THIS INFORMATION IS BEING COLLECTED FOR ADMINISRATIVE REGULATORY EMPLOYMENT PURPOSES ONLY AND IS WITHIN THE PROVISION OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.