



EMPLOYEE RECORDS CHANGE FORM

NAME OF EMPLOYEE: _____ DATE: _____

CHANGE OF NAME, ADDRESS or EMERGENCY CONTACT:

NEW NAME: _____

NEW ADDRESS EFFECTIVE DATE: _____ NEW PHONE NUMBER: _____

NEW ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

NUMBER: _____

CHANGE ENTERED COMVIDA: _____ DATE: _____ PAYROLL: _____ DATE: _____ SHAREVISION: _____ DATE: _____

CHANGE OF PAY:

REQUEST RAISE TO WHAT LEVEL? _____

REQUESTED BY: _____

CHANGE ENTERED INTO COMPUTER: _____ DATE: _____

RETRO AMOUNT PAID OUT: _____ DATE: _____

CHANGE OF ACCOUNT FOR DIRECT DEPOSIT:

ATTACHED VOIDED CHEQUE FOR NEW ACCOUNT: YES: _____ NO: _____

OTHERWISE, COMPLETE NEW DIRECT DEPOSIT FORM.

CHANGE ENTERED INTO COMPUTER: _____ DATE: _____

CHANGE OF BENEFITS REQUEST:

I WOULD LIKE THE FOLLOWING CHANGE TO MY BENEFITS PLAN: _____

BC MEDICAL PLAN (MSP): _____

INDUSTRIAL ALLIANCE EXTENDED BENEFITS: _____

GROUP RRSP: _____

APPROPRIATE FORMS GIVEN TO EMPLOYEE _____ DATE: _____

CHANGE ENTERED INTO COMPUTER: _____ DATE: _____