EMPLOYEE CHANGE FORM

STORE #: _____ **EMPLOYEE #:** _____

NAME: _____
LAST FIRST NAME MIDDLE NAME

☐ **NEW ADDRESS:** _____
HOUSE NUMBER AND STREET

CITY: _____ **POSTAL CODE:** _____

☐ **PHONE NUMBER:** _____

☐ **EMAIL ADDRESS** _____

☐ **BANK INFO CHANGED:** (PLEASE ATTACH)

☐ **WAGE RATE CHANGE**

$ _____ **HOURLY** **NEW POSITION:** _____

$ _____ **SALARY** **EFFECTIVE DATE:** _____

AUTHORIZED BY: _____ _____
PRINT SIGN

☐ **RETURN TO WORK - FIRST DAY BACK:** _____

☐ **SIN CHANGE - CURRENT SIN:** _____ **NEW SIN:** _____

STORE MANAGER: _____ _____
PRINT SIGN

PLEASE TICK OFF BOX PERTAINING TO THE CHANGE YOU WANT TO MAKE. FILL OUT THAT SECTION ONLY