PRAIRIE ROSE SCHOOL DIVISION
NOTICE OF CHANGE FORM

Employee Name: _____

School/Work Location: _____ Position: _____

EMPLOYEE: Please complete the appropriate section(s) and return to School Board Office	
Change of Address	_____ Street or Box Number _____ City/Town, Province, Postal Code Phone: _____ Cell: _____
Change of Name	FROM: _____ (NAME IN FULL) TO: _____ (NAME IN FULL) (if due to marriage, Change in Family Status must be completed) ***Please attach copy of official documentation***
Change in Family Status	Addition of Dependent or Spouse Name in Full: _____ Relationship to Employee: ☐ Legal Spouse ☐Common-Law Spouse ☐Natural Son/Daughter ☐ Other _____ (specify) Date of Birth _____ Date of Marriage/Co-habitation _____ day/month/year day/month/year Deletion of Dependent or Spouse Name in Full: _____ Reason: _____ Date: _____ day/ month/year
Change in Banking Information	Financial Institution: _____ Address: _____ Effective Date of Change: _____ ***Please attach a void cheque or direct deposit information from your financial institution***

Print Clear Fields Submit

_____ _____

Employee Signature Date

January 2017

Office Use Only:
HR/PYR _____
FINANCE _____