



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	<p>Street or Box Number _____</p> <hr/> <p>City/Town, Province, Postal Code _____</p> <p>Phone: _____ Cell: _____</p>
Change of Name	<p>FROM: _____ (NAME IN FULL)</p> <p>TO: _____ (NAME IN FULL)</p> <p><i>(if due to marriage, Change in Family Status must be completed) Please attach copy of official documentation</i></p>
Change in Family Status	<p>Addition of Dependent or Spouse</p> <p>Name in Full: _____</p> <p>Relationship to Employee:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Legal Spouse <input type="checkbox"/> Common-Law Spouse <input type="checkbox"/> Natural Son/Daughter</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other _____ (specify)</p> <p>Date of Birth _____ Date of Marriage/Co-habitation _____ <small style="padding-left: 100px;">day/month/year</small> <small style="padding-left: 100px;">day/month/year</small></p> <p>Deletion of Dependent or Spouse</p> <p>Name in Full: _____</p> <p>Reason: _____ Date: _____ <small style="padding-left: 100px;">day/ month/year</small></p>
Change in Banking Information	<p>Financial Institution: _____</p> <p>Address: _____</p> <p>Effective Date of Change: _____</p> <p style="text-align: center;"><i>Please attach a void cheque or direct deposit information from your financial institution</i></p> <p>Authorized by: _____</p>

Employee Signature

Date

Office Use Only:
HR/PYR _____
FINANCE _____