



EMPLOYEE CHANGE FORM

Employee Name:	ID#:	Effective Date:
----------------	------	-----------------

Please select only the option/s you wish to change from the below options:

Section 1: Change of Address/ Phone Number

Address:		
City:	Province:	Postal Code:
Phone Number:		

Section 2: Name Change

<i>If you have legally changed your name, please attach copies of the legal documents for the name change</i>		
First Name:	Last Name:	Middle Initial:

Section 3: Change in Pension Contribution amount (minimum is 5%, maximum is 10%)

<i>I authorize StFX to update my pension contribution deductions as per below:</i>	
Current %:	Updated %:

Section 4: Change in Banking

Attach a void cheque or Payroll Authorization Form from the bank. The form must accompany this request
--

Section 5: Update Dependents – Group Health & Dental

Last Name	First Name	S-Spouse C-Child	M/F	Birthdate DD/MM/YY	A-Add C - Change D-Delete

Employee Signature:	Date:
---------------------	-------

SUBMIT COMPLETED FORM WITH ADDITIONAL FORMS AS REQUIRED TO PAYROLL@STFX.CA