



CANADA ASSOCIATE ACTION NOTICE

COMPLETE SECTION 'A' FOR ALL CHANGES

☒ SALARIED ☐ HOURLY

A: PERSONAL INFORMATION

Last Name Okutsu	First Name Misato	Middle Initial	Store#	Dept.#	Associate#
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CHANGE IN ASSOCIATE STATUS

B: PERSONAL CHANGE

Last Name Okutsu	First Name Misato	Middle Initial	Home Phone 647-472-1325	Effective Date of Change March 12, 2018
Mailing Address 25 GRENVILLE ST, UNIT 2106		City TORONTO	Province ONTARIO	Postal Code M4Y 2X5
Date of Birth (New Hire/Rehire only) OCT. 4, 1990				
<input type="checkbox"/> Single (S) <input type="checkbox"/> Married (M) <input type="checkbox"/> Divorced (D) <input type="checkbox"/> Legally Separated (L) <input type="checkbox"/> Other (O)				
Emergency Contact Name ELIZABETH MAZUR		Relationship FRIEND	Phone Number 647-209-4292	

C: REVIEW/RATE CHANGE

<input type="checkbox"/> Introductory Review (IR) <input type="checkbox"/> Regular Review (RR) <input type="checkbox"/> Non-Monetary Regular Review with Merit (RM)* * District Manager Approval Required in These Cases IF MAKING RATE CHANGE - MUST CHECK ONE OF THE BOXES	<input type="checkbox"/> Merit Review (MR)* <input type="checkbox"/> Follow-up Review (FR) <input type="checkbox"/> Base Rate Adjustment (AJ)* <input type="checkbox"/> Promotion/ Demotion *	Review Rating	Current Rate <input type="checkbox"/> SAL. <input type="checkbox"/> HR. New Rate <input checked="" type="checkbox"/> SAL. <input type="checkbox"/> HR. REQUIRED	Increase to: \$65,000	Date Review Given*	Effective Date of Rate Change Mar. 12, 2018 *Effective Date must be the quarterly date for RR and RM review categories.
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D: EMPLOYMENT STATUS CHANGE

Change To: IF MAKING STATUS CHANGE - MUST CHECK ONE OF THE BOXES <input type="checkbox"/> Full Time Hourly (FT) <input type="checkbox"/> Full Time Salaried (FS) <input type="checkbox"/> Part Time (PT) <input type="checkbox"/> Temporary (TP) <input type="checkbox"/> Rehire		<input type="checkbox"/> With Break-in-Service (RH or SH) <input type="checkbox"/> Without Break-in-Service (RI) (Re-instatement) see SOP 01-03
Effective Date of Change	Explanation of Rehire without Break-in-Service	

E: JOB CHANGE - IF MAKING A JOB CHANGE - MUST CHECK ONE OF THE BOXES

<input type="checkbox"/> Promotion (PM) <input type="checkbox"/> Demotion (DM) <input type="checkbox"/> Department/Title Change (DC) <input type="checkbox"/> ASM Dept. Assignment (AR) <input checked="" type="checkbox"/> New Hire	From Department Title Code	To Department Title Code 142 SCTEXA	Effective Date of Change March 12, 2018 SIN 546 294 893
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F: STORE TRANSFER (ST)

From: Store	Dept.	Departure Date	To: Store	Dept.	Report Date	Effect. Date of Change
Job Title			Job Title			

G: TERMINATION (TE)

Last Day Worked	Vacation Hours Due	Hire Date	Effective Date of Termination
Termination Code	Termination Reason	Rehire ability <input type="checkbox"/> YES <input type="checkbox"/> NO	

ASSOCIATE REQUEST

H: VACATION (Hourly associates complete a Time & Attendance Change Request form CHDC-150; all others complete this section)

Beginning Date	Ending Date	Number of Working Hours
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I: LEAVE OF ABSENCE

<input type="checkbox"/> Maternity/Parental Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Jury Duty <input type="checkbox"/> Medical	<input type="checkbox"/> WCB <input type="checkbox"/> Bereavement* <input type="checkbox"/> Other <input type="checkbox"/> Personal	Start Date	End Date	Number of Hours/Days	Benefits Continuance <input type="checkbox"/> YES <input type="checkbox"/> NO
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For LOA - Must check one box

J: PAY ADJUSTMENTS

*Specify Relationship in Section L

Adjustment Hours For Previous Pay Period	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Double-time	<input type="checkbox"/> Holiday/Float <input type="checkbox"/> Sick <input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement <input type="checkbox"/> Jury <input type="checkbox"/> Other*	For Pay Period Ending	Actual Date Adjustment Is For	No. of Hours	<input type="checkbox"/> Add on next cheque <input type="checkbox"/> Reversed <input type="checkbox"/> Paid by manual cheque
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K: TAX CHANGES

Federal Net Claim Amount	Provincial Net Claim Amount	Additional Tax Amount to be deducted <input type="checkbox"/> Fédéral <input type="checkbox"/> Provincial
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L: ADDITIONAL INFORMATION/EXPLANATION

* Provide details in Section L

Reporting to Sara Lane, Manager, Online Experience

Manager's Signature	Date	District Manager	Date
Associate's Signature	Date Feb 26, 2018	RHRM Signature	Date