

PAYROLL Address Change Form

EMPLOYEE IDENTIFICATION

SURNAME	GIVEN NAME		Ī	MIDDLE
	(if applicable)			
MAIDEN NAME				
SIN: XXX – XXX (mo last three digits of SIN)	indatory)	EMPLO	DYEE ID:	
		T	eacher/Student Assistant	
DATE OF BIRTH (mandatory)	S	Support Staff		
Mailing Address				
STREET/BOX NO.		CITY		
PROVINCE			POSTAL CODE	
PHONE NO.			ALT. PHONE	
Sianature			Date	

I hereby certify that the above information is correct. I understand that it is my responsibility to notify the Newfoundland and Labrador English School District of any changes.

PLEASE NOTE: For employees that are paid by The Department of Education only: If you are in receipt of a pension from the Public Service Pension Plan (PSPP), Teachers Pension Plan (TPP), Members of the House of Assembly Pension Plan (MHAPP) or the Provincial Court Judges Pension Plan (PCJPP), or if you are currently receiving payment from the Civil Service payroll, by changing your personal information, all mail will be mailed to the new address based on your revised information.

Please fax completed forms to (709) 758-2777.

Entered By	
Reviewed By	
Date of Change	