



Nishnawbe-Aski Legal Services Corporation

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EMPLOYEE CHANGE FORM

Change of Personal Information:

First Name: _____ Last Name: _____

Change of Personal Contact:

Phone #: _____ Alt. #: _____

Email (*Personal*): _____

Change of Home Address:

#	Street	City	Province	Postal Code
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Mailing Address (if different):

P.O Box	City	Province	Postal Code
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Change of Position Information:

Start Date: _____ **TERMINATION DATE:**

Employment Type:	Employment Status:	RESIGNATION DATE:
Permanent	Full Time	
Contract	Part Time	
End Date: _____	Casual	

Position: _____ Salary: _____
 Manager: _____ Pay Band: _____
 Grid: _____

BUDGET CODE:

Change of Banking & Payroll Information:

Name of Bank: _____
 Account #: _____ Documents attached:
 Transit #: _____ Yes
 Institution #: _____ No
 SIN #: _____

Pension and Benefits:

Pension Eligibility Date: _____
 Benefit Eligibility Date: _____

Change of Emergency Contact Information

Name:	Relationship:	Phone #:
1		
2		

Finance Only:

Date Received: _____ Entered into Adiago System by: _____