

EMPLOYEE CHANGE FORM

| Change of Personal Info | rmation: | | | |
|---|---|-------------------------------|--------------------|--|
| First Name: <u>/ ake shi a</u> | | Last Name: MeeKi'S | | |
| Change of Personal Conta | Change of Personal Contact: | | Work# 807-464-4642 | |
| Phone #: 807-637- | -5550 | AL# 807 | -464-4642 | |
| | Keishiameekis @gm | nail. com | | |
| Change of Home Addres | is: | | | |
| * | | | | |
| | City Sandy Lake | Province Ontari | Postal Code | |
| Mailing Address (if diffe | rent): PO 150X 10 4 | | PC 1 420 | |
| P.O Box C | City | Pronvice | Postal Code | |
| Change of Position Infor | rmation: | | | |
| Start Date: | | | TERMINATION DATE: | |
| Employment Type: Permanent | | Employment Status: Full Time | | |
| Contract | | Part Time | RESIGNATION DATE: | |
| End Date: | | ☐ Casual | | |
| Position: | | - | Salary: | |
| | | | Pay Band: | |
| Manager: | | | Grid: | |
| BUDGET CODE: | | | | |
| Change of Banking & Pa | | | | |
| Name of Bank: | | | | |
| Account #: | Documents attached: | | | |
| Transit #: | #: | | | |
| Institution #: | | | | |
| SIN #: | | | | |
| Pension and Benefits: | | | | |
| Pension Eligibility Date: | SPERIOR RESIDENCE SEED TO MISSELLE SPERIOR TO | | | |
| Benefit Eligibility Date: | | | | |
| Change of Emergency C | tontact Information | | | |
| Name: | Relationship: | Phone #: | | |
| 1 Elene Meekis | Mother | 867-631- | 4828 | |
| | Morrie | 0-1 03. | 1030 | |
| 2 Finance Only: | | | | |
| | | | | |
| Date Received: Entered into Adiago System by: | | | | |