

## **EMPLOYEE CHANGE FORM**

Change of Personal Infor	mation:			
First Name: Rhain		Last Name:	Mainville	<del></del>
Change of Personal Contac	ct:			
Phone #:		Alt. #:		
Email (Personal):			_	
Change of Home Address				
# Street Ci Mailing Address (if different	: •	Province		Postal Code
P.O Box Ci	ty	Pronvice		Postal Code
Change of Position Inform	mation:			
Start Date: June 12, 2023				
Employment Type:  Permanent  Contract		Employmen	✓ Full Time ☐ Part Time	
End Date:			Casual	
Position: Manager of F	acilities and Purchasing	1		
Manager: Irene Linklate	r			
Change of Banking & Pay	vroll Information:			
Name of Bank:				
Account #:				
		Documents	attached:	
Transit #:		Documents		
Institution #:	_		∐Yes	
SIN #:			No	
Pension and Benefits: Pension Eligibility Date: Benefit Eligibility Date:				
Change of Emergency Co	ontact Information			
Name:	Relationship:	Phone #:		
1				
2				
Finance Only:				
Date Received:	Entered into Adiago System by:			