



**Nishnawbe-Aski Legal Services Corporation**

ᐱᐸᓂᓄᓐ ᐱᓂᓂ ᓂᐱᐸᓂᓄᓐ  
 ᐱᓂᓂᓄᓐ ᐱᓂᓂ ᐱᓂᓂᓄᓐ

**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
---	--------	------	----------	-------------

**Mailing Address (if different):**

P.O Box	City	Province	Postal Code
---------	------	----------	-------------

**Change of Position Information:**

Start Date: \_\_\_\_\_ **TERMINATION DATE:**

Employment Type:	Employment Status:	<b>RESIGNATION DATE:</b>
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: \_\_\_\_\_