



ST. JAMES ASSINIBOIA SCHOOL DIVISION
2574 Portage Avenue
Winnipeg, MB R3J 0H8
Phone: 888-7951 Fax: 831-0859

GBJ-E
104458

NOTICE OF CHANGE FORM

It is necessary that the following information be forwarded to the payroll department as soon as possible.

Please check one of the following:				
<input type="checkbox"/> Teachers	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Substitute Teachers	<input type="checkbox"/> Casual	<input type="checkbox"/> Lunchroom/Monthly

Effective Date: _____

Employee Name: _____

School: _____

1. **CHANGE OF ADDRESS:**

Street or Box Number

City (Town) and Province

Postal Code

2. **CHANGE OF PHONE NUMBER:** () _____

3. ***NAME CHANGE:** Previous Name : _____
(If due to marriage, section 4 must also be completed)

Current Name: _____ Effective Date: _____

***Must provide copy of marriage/divorce certificate or other relevant legal documentation**

4. **BLUE CROSS DENTAL AND BLUE CROSS EXTENDED HEALTH**

If applicable please also complete **Blue Cross - Notice of Change Form** on the back of this form. Provide contract and group numbers and sign for authorization.

5. **OTHER CHANGES**

The personal information contained on this form is collected and protected under the authority of the Public Schools Act (PSA), the Personal Health Information Act (PHIA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for personnel administration, payroll and tax reporting purposes. I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under the PSA, PHIA or FIPPA. Furthermore, any questions I have about the collection, use or disclosure of this information, can be directed to the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.

Signature: _____ Date: _____

Blue Cross _____ SRB _____ HR _____ Sub Clerk _____ Payroll _____