



EMPLOYEE INFORMATION UPDATE

Please enter the following changes in your records:

	FROM	TO	Effective Date
<input type="checkbox"/> Surname	_____	_____	_____
<input type="checkbox"/> Common name	_____	_____	_____
<input type="checkbox"/> Street	_____	_____	_____
<input type="checkbox"/> City	_____	_____	_____
<input type="checkbox"/> Province	_____	_____	_____
<input type="checkbox"/> Postal code	_____	_____	_____
<input type="checkbox"/> Home phone	_____	_____	_____
<input type="checkbox"/> Cell phone	_____	_____	_____
<input type="checkbox"/> Emergency Contact info	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> Banking Information ⁽¹⁾	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
	_____	_____	_____

Additional Comments:

 Name (please print)

 Signature

 Date

Please send signed copy to USMC Finance, attn: Payroll and Benefits Administrator

⁽¹⁾ VOID cheque required

For Payroll use only:		
Employee ID:	Entered into ADP?	Copy to HR?