

Change of Information form

Fleming College

Section A: - Employee Identification (This section MUST be completed)

Empl Id: _____

Last Name:	First Name (Legal Name):	Middle Initial:
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Section B: - Change in Personal Information (Enter new information in fields where applicable)

Last Name: <i>(Attach proof of updated SIN to change name)</i>		First Name (Legal name):	
First Name (Preferred name)		Middle Name:	
Home Address:			
City:	Province:	Postal Code:	
Mailing Address: <i>(if different than home address)</i>			
City:	Province:	Postal Code:	
Home phone: () -		Cell phone: () -	
Alternative Email: <i>(Personal - not College issued)</i>			
Emergency Contact Name of Individual () - Phone #			Relationship:

Section C: - Change in Banking Information - attach a VOID Cheque or Deposit form

Main Account	Name of Institution _____
Secondary Account	Name of Institution _____ Amount \$ _____ or % _____ per pay <small>(when using Secondary account balance goes to Main account)</small>

If you do not have a chequing account, print a direct deposit form from your institution.

In addition, please be advised the College's Accounting department processes employee expense statements by direct deposit; these deposits will be made into your main bank account. If you wish your expense payments deposited into a different account, you must contact the Accounting department directly with your request.

Employee Signature: <i>I certify the information provided above is accurate</i>	Date: (yy/mm/dd)
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Section D - Completed by Payroll

Processed By:	Date: (yy/mm/dd)
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