Employee Change of Name and Address Form

Last revised: November 2020 Last reviewed: August 2020 Next review: August 2021

This form should be used to change an employee's name, or if manually required, an employee's address

Email the completed form to the Human Resource Service Centre, hrsc@gov.sk.ca.

| Employee Information | | | | |
|--|-----------------------------------|---------------------------|-----------------|-------------|
| | | | | |
| Last Name | First Name | | Middle Name | |
| | | | | |
| Employee Number | | Ministry | | |
| | | | | |
| Former Name | | | | |
| | _ | | | |
| Last Name | First Name | | Middle Nar | ne |
| | | | | |
| Effective Date of Change: dd/mm/yyyy | | | | |
| Change of Mailing Address | | | | |
| *Please log-in to PSC Client to change you | r address. If unable to access PS | C Client, please complete | the manual forn | n |
| | | | | |
| No. & Street | City/Town | Province | _ | Postal Code |
| | | | | |
| Effective Date of Change: dd/mm/yyyy | | | | |
| | | | | |
| Employee Signature | Date | | | |