

**FORM
#110**Hilton Stone
DISTRIBUTION CORP.

EMPLOYEE INFORMATION CHANGE FORM



403-250-6790

403-250-3476

payroll@cocobrooks.com

INFO☐ CCB
☐ HSDCNAME: _____
DATE: _____ MM/DD/YYYY**TYPE**☐ Personal Info Change
☐ Location Change☐ Position Change
☐ Rate Change**PERSONAL***(Employee is responsible for keeping personal information up-to-date at all times)*OLD NAME: _____
FIRST MIDDLE LASTNEW NAME: _____
FIRST MIDDLE LAST*Please attach a copy of your New SIN confirmation letter in support of your change in name*

NEW PHONE #: _____ NEW EMAIL: _____

OLD ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL: _____

NEW ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL: _____

MARITAL STATUS CHANGE: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Common-Law

NEW SIN #: _____ NEW HEALTH CARE CARD #: _____

*Please attach a copy of your New SIN confirmation letter and/or new health care card in support of your change in SIN # and Health Care Card #.***POSITION**

OLD POSITION: _____

NEW POSITION: _____

☐ FULL TIME☐ PART TIME☐ FULL TIME☐ PART TIME☐ SEASONAL☐ TEMPORARY☐ SEASONAL☐ TEMPORARY**LOC**

OLD LOCATION: _____

NEW LOCATION: _____

RATE

OLD RATE: _____

NEW RATE: _____

☐ SALARY☐ HOURLY☐ SALARY☐ HOURLYEFFECTIVE DATE: _____
MM/DD/YYYY**EMPLOYEE**

I HAVE READ AND UNDERSTOOD ALL TERMS AND CONDITIONS ON THIS FORM BY SIGNING BELOW.

NAME

SIGNATURE

MM/DD/YYYY

**AUTHORIZATION
(FOR OFFICIAL USE ONLY)**

RECOMMENDED BY:

NAME

SIGNATURE

☐ DEPARTMENT MANAGER☐ LOCATION MANAGERAPPROVED ☐DISAPPROVED ☐

NAME

SIGNATURE

MM/DD/YYYY

☐ AREA SUPERVISOR☐ VP - HUMAN RESOURCES☐ PRESIDENT**PAYROLL**

RECEIVED BY: _____

(INITIAL HERE)

DATE RECEIVED: _____

(MM/DD/YYYY)

POSTED BY/DATE: _____

(INITIAL HERE)

(MM/DD/YYYY)