



Employee Contact Address Change Form

Employee #

Old

New

Employee Last Name

Employee First Name

Address Changed To

Effective Date

Old

New

Address	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
Province	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Pager	<input type="text"/>	<input type="text"/>
Cell	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Emergency Contact

Name	<input type="text"/>
Phone #	<input type="text"/>

Choose any of the benefits you are enrolled in:

- Medical Services Plan (BC Med)
- Extended Health/Dental
- Municipal Pension Plan
- Registered Retirement Savings Plan
- Canada Savings Bonds — If you have selected Canada Savings Bonds, you will need to complete a CSB-Change Address Form. If you are filling this in online

[click here for the CSB-Change Address Form](#)

If you are completing the CSB form you will need to print, sign and hand it in to Payroll.

Please hand in your completed form to the Payroll Department at the CLS Admin Office.

If you are completing this form online please click this button to save your form filled in.

System Entered in	Entered By	Verified By
HRIS	<input type="text"/>	<input type="text"/>
HRB	<input type="text"/>	<input type="text"/>
Pay@Work	<input type="text"/>	<input type="text"/>
EZLabor	<input type="text"/>	<input type="text"/>