

**YORK REGION DISTRICT SCHOOL BOARD  
NAME, ADDRESS AND BANK INFORMATION**

**CHANGE OF INFORMATION FOR FORMER EMPLOYEES**

Please complete the applicable section(s) below: (Please Print)	OFFICE USE ONLY												
Employee Name: _____ 2019/20 Work Location: _____ 2020/21 Work Location: _____ 2021/22 Work Location: _____ Employee #: _____ SIN#: _____													
<b>Employee Group (Check all that apply):</b> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Teacher</td> <td><input type="checkbox"/> LTO Teacher</td> <td><input type="checkbox"/> CUPE 1196</td> <td><input type="checkbox"/> Non Union</td> </tr> <tr> <td><input type="checkbox"/> Admin/Supervisory</td> <td><input type="checkbox"/> Occasional Teacher</td> <td><input type="checkbox"/> CUPE 1734</td> <td><input type="checkbox"/> Casual</td> </tr> <tr> <td><input type="checkbox"/> PSSP</td> <td><input type="checkbox"/> Temporary/Term</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Teacher	<input type="checkbox"/> LTO Teacher	<input type="checkbox"/> CUPE 1196	<input type="checkbox"/> Non Union	<input type="checkbox"/> Admin/Supervisory	<input type="checkbox"/> Occasional Teacher	<input type="checkbox"/> CUPE 1734	<input type="checkbox"/> Casual	<input type="checkbox"/> PSSP	<input type="checkbox"/> Temporary/Term			
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<b>Continuing Education Teachers/Instructors/Supervisors:</b> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Night School</td> <td><input type="checkbox"/> Adult School</td> <td><input type="checkbox"/> International Language</td> <td><input type="checkbox"/> Summer School</td> </tr> <tr> <td><input type="checkbox"/> OPSEU</td> <td><input type="checkbox"/> Other: _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Night School	<input type="checkbox"/> Adult School	<input type="checkbox"/> International Language	<input type="checkbox"/> Summer School	<input type="checkbox"/> OPSEU	<input type="checkbox"/> Other: _____							
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<input type="checkbox"/> OPSEU	<input type="checkbox"/> Other: _____												
<b>Bank Information (only required if a change in banking has occurred since last employed):</b>													
<input type="checkbox"/> Void Cheque or a Direct Deposit Notification form from your bank. (Mandatory) Notice: Change to bank accounts must be received in Human Resource Services at least two weeks prior to your pay date in order for your pay to be deposited into the new account.													
<b>Personal Information Changes – Complete this section with New or Changed information only.</b>													
<b>Full Name Change From:</b> _____ <b>Full Name Change To:</b> _____ Provide legal proof of name change, e.g. copy of marriage certificate, driver's licence, Ministry of Education name change form ME 5068(4/81).													
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Prefer to Specify: _____													
<b>Home Address:</b> _____ Apt: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Phone: _____													
<b>Employee Signature:</b> _____ <b>Date:</b> _____													
Return completed form to <a href="mailto:bill124@yrdsb.ca">bill124@yrdsb.ca</a> . (accepted formats pdf, jpg, png)													
<b>INTERNAL USE ONLY</b>													
The information provided above will be processed for the _____ pay. Completed by: _____ Date Entered: _____													