Douglas College

ADDRESS CHANGE FORM

PLEASE FORWARD TO HUMAN RESOURCES – ROOM 4011

Please advise your department directly of your address change

EMPLOYEE GROUP

☐ Administration ☐ Faculty ☐ Staff ☐ Contract Faculty ☐ Auxiliary

☐ Continuing Education ☐ Training Group ☐ Contract to Purchase

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PLEASE PRINT CLEARLY:

_____ Employee ID _____

Name

_____

Street Address Apt. Number

_____

City Province Postal Code

_____

Telephone Number

Effective Date of Change: _____

dd/mm/yyyy

In the event of an emergency, please contact:

_____

Name Relationship Telephone Number

_____

Name Relationship Telephone Number

Signature: _____ Date: _____

Form must be signed and dated before submitting to Human Resources, Room 4011