

DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

CHANGE OF NAME AND/OR ADDRESS FORM

EMPLOYEE # _____ LOCATION _____

PLEASE COMPLETE ONLY THE SECTION REQUIRED

CHANGE OF NAME

PRESENT NAME: _____

NEW SURNAME: _____

EFFECTIVE DATE: _____

CHANGE OF ADDRESS

NAME: _____

NEW ADDRESS: Street _____

City _____ Postal Code _____

NEW PHONE NUMBER: () _____

EFFECTIVE DATE: _____

SIGNATURE OF EMPLOYEE

PLEASE RETURN TO THE HUMAN RESOURCES DEPARTMENT

FOR PRINCIPALS, V.P.'S, TEACHERS AND ERW'S RETURN TO TEACHER PERSONNEL

**FOR APSSP, CUPE 2026, CUPE 1483, MID-MANAGEMENT, LUNCHROOM
SUPERVISORS PLEASE RETURN TO SUPPORT SERVICES PERSONNEL**