

EMPLOYEE INFORMATION CHANGE REQUEST FORM

Please check one of the following:

- PERMANENT EMPLOYEE
 SUPPLY EMPLOYEE

HOME LOCATION

(School or Department): _____

NAME CHANGE (please print)	
EMPLOYEE ID	
OCT NUMBER	
FULL NAME (CURRENT)	
FULL NAME (NEW)	
*PREFERRED NAME (complete only if different from legal name)	

To support your request, you must provide proof of legal name with one of the following documents:

- Marriage Certificate
 Legal Name Change Document
 Birth Certificate
 Current Drivers Licence

(please check the applicable document provided with your name change request)

PLEASE NOTE: if you are a Certified Teacher you must change your name with the Ontario College of Teachers before submitting this request. Please contact: www.oct.ca, 1-888-534-2222 or 416-961-8800.

ADDRESS/PHONE NUMBER CHANGE (please print)	
FULL NAME	
EMPLOYEE ID	
STREET	
CITY, PROVINCE, COUNTRY	
POSTAL CODE	
PHONE NUMBER	
EFFECTIVE DATE	

YOU MUST NOTIFY THE FOLLOWING (IF APPLICABLE):

Teachers' Pension Plan 1-800-668-0105
 OMERS Pension 416-369-2444 or 1-800-387-0813 (toll-free) or www.myomers.com

AUTHORIZATION

Signature

Date

RETURN THIS FORM AND SUPPORTING DOCUMENTATION TO:

Email to: employee.records@ddsb.ca
 Mail to: Durham District School Board
 Attn: Employee Information, Human Resource Services
 400 Taunton Rd, Whitby, ON L1R 2K6