



Employee Change of Information Form	
Employee Name: _____	
Type of Change: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone	
New Name:	_____
Effective Date:	_____
New Address:	_____
Effective Date:	_____
New Phone Number:	_____
Effective Date:	_____
Other Change: <i>(Please specify)</i>	_____
Effective Date:	_____

Please return completed form to Justin Henry

Mail: Huron University College
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E-mail: jhenry56@huron.uwo.ca