



Department of Human Resources

CHANGE OF PERSONAL INFORMATION FORM

Please send the completed form to pensions@uwindsor.ca

Reason for Change	<p>Effective Date of Change: _____ YYYY/MM/DD</p> <p><input type="radio"/> Status Change <input type="radio"/> Citizenship Change</p> <p><input type="radio"/> Name Change <input type="radio"/> Address Change</p>
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Employee Information	<p>Employee Legal Name: _____</p> <p>Employee Number: _____</p>
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Status Change	<p>New Marital Status:</p> <p><input type="radio"/> Married <input type="radio"/> Common-Law Relationship <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed</p>
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Citizenship Change	<p>New Citizenship Status:</p> <p><input type="radio"/> Permanent Canadian Resident <input type="radio"/> Landed Immigrant <input type="radio"/> Work Permit</p> <p>Permit Number: _____</p>
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Name Change	<p>Employee Previous Legal Name: _____</p> <p>Employee New Legal Name: _____</p>
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Address Change	<p>New Address: _____</p> <p>Telephone Number: _____</p>
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Employee Authorization	<p>I certify that the information in this form is true and complete, to the best of my knowledge.</p> <p>_____ Signature of Employee</p> <p style="text-align: right;">_____ Date(YYYY/MM/DD)</p>
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- Depending on the change that is made, above, additional documentation may be required.