

Life Event Change

Getting Married or Common Law Relationship

A life event can affect your pension, benefits and other information at McMaster. Please carefully review each form included in this package and complete as applicable to update information with Human Resources.

Type of Change: Marriage Common Law Declaration

Effective Date:

Field	Example	To input:
Salutation	<i>Mr.</i>	
First Name	<i>John</i>	
Last Name	<i>Doe</i>	
McMaster ID#	<i>1010101</i>	
Date of Submission	<i>September 1, 2007</i>	
Street	<i>123 Green Road</i>	
City	<i>Hamilton</i>	
Province, Country	<i>Ontario</i>	-
Postal Code	<i>L9D 7V7</i>	
Phone Number	<i>(905) 385-8888</i>	
Department/Faculty	<i>Hospitality Services</i>	
Status at McMaster	<i>Check staff or faculty</i>	<input type="checkbox"/> Staff <input type="checkbox"/> Faculty
Employee Group	<i>TMG, CAW, etc.</i>	
SIN	<i>505 258 258</i>	
Date of Birth (DOB)	<i>1945/05/30</i>	
Gender	<i>Female</i>	
Citizenship	<i>Canadian</i>	
Marital Status	<i>Married</i>	

Fields that need to be entered for **Spouse** (only):

Field	Example	To input:
First Name	<i>Jane</i>	
Last Name	<i>Doe</i>	
Relationship	<i>Wife</i>	
DOB	<i>1985/02/26</i>	

Emergency Contact:

Field	Example	To input:
First Name	<i>Jane</i>	
Last Name	<i>Doe</i>	
Relationship	<i>Wife</i>	
Telephone Number	<i>905-555-6666</i>	



NAME CHANGE FORM

This form is to be completed by the employee to notify McMaster University of a legal name change and submitted along with a copy of approved documentation. For additional information please contact your HR Advisor.

PART A NAME CHANGE INFORMATION

Previous Name:		
First Name:	Last Name:	Middle Name:
New Name:		
Last Name:	First Name:	Middle Name:
Employee ID	Department	Campus Address

PART B DOCUMENTATION OF NAME CHANGE

This form must be submitted with one of the following approved types of documentation:

- Certificate of Marriage, Marriage Statement
- Legal Change of Name certificate or Court Order Document
- Passport*
- Permanent Resident Card
- Driver's License (Enhanced or Other)*
- Health Card*

*Documentation must be valid. Expired documentation will not be accepted.

Employee Signature

Date

PART E HUMAN RESOURCES VERIFICATION

Human Resources Signature

Date

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used only academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). **If you have any questions about the collection and use of this information please contact your Human Resources Services Office** or the Privacy Office (University Secretariat), Gilmour Hall, Room 210, McMaster University.

Date Stamp



EMPLOYEE CONTACT & DEPOSIT INFORMATION FORM

Please forward to your Human Resources Services Area Office

A EMPLOYEE STATUS		
New Employee	Effective Start Date (mm/dd/yyyy)	Department
Returning Employee	Effective Start Date (mm/dd/yyyy)	Department
Current Employee	Effective Date of Change (mm/dd/yyyy)	

B EMPLOYEE INFORMATION				
Employee ID (if known)	Student ID (if applicable)	SIN (### ### ###)	SIN Expiry Date (yyyy-mm-dd)	
Salutation	Legal First Name	Preferred Name*	Legal Middle Name*	Surname
Gender	Date of Birth (mm/dd/yyyy)	Marital Status		
Citizenship Country	Status if Not Canadian <small>(Please attach copy of Permanent Resident/Work or Student Authorization)</small>	Email Address		

*Not a required field. HR and Payroll related reporting and communications will normally use the Legal First Name (e.g. for tax reporting to CRA)

C MAILING ADDRESS			
No. & Street	City	Province	
Country	Postal Code (### ###)	Telephone No. (###) ###-####	

D PERMANENT ADDRESS <i>(If different from mailing)</i>			
No. & Street	City	Province	
Country	Postal Code (### ###)	Telephone No. (###) ###-####	

E EMERGENCY CONTACT INFORMATION	
Name	Relationship
Telephone No. (###) ###-####	Alternate Telephone No. (###) ###-####



EMPLOYEE CONTACT & DEPOSIT INFORMATION FORM

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F DEPOSIT INFORMATION	
Note: McMaster pays employees by direct deposit. This ensures employees receive their pay on the pay date. It also avoids lost or stolen cheques and forged endorsements.	
ATTACH VOID CHEQUE HERE	
Employee Signature	Date (mm/dd/yyyy)

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FOR HR USE ONLY		
Position Code	Recruitment Posting No.	Cumulative Service Date (mm/dd/yyyy)
Completed By		Completion Date (mm/dd/yyyy)
Comments		