



Life Event Change

Divorce or Separation

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. These forms can be completed with a digital signature. To enable this feature, please save a copy of this package to your personal folder before completing.

Type of Change: Divorce Separation

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 submitted | <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 with University | <i>Check staff or faculty</i> | <input type="checkbox"/> Staff <input type="checkbox"/> Faculty |
| Employee Group | <i>TMG, Unifor, etc.</i> | |
| SIN | <i>505 258 258</i> | |
| Date of Birth (DOB) | <i>May 30, 1945</i> | |
| Gender | <i>Female</i> | |
| Citizenship | <i>Canadian</i> | |
| Marital Status | <i>Married</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

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the 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). Questions regarding the collection or use of this personal information should be directed to the University Secretary, 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

Please forward to your Human Resources Services Area Office

| | |
|---|-------------------|
| 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) |

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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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 | | |