

## **Sault Area Hospital**

## **EMPLOYEE CHANGE OF INFORMATION FORM**

NAME CHANGE	
Current Name:	
Name Change:	
Proof of name change attached (Driver's license, marriage certificate, etc.)	
ADDRESS/TELEPHONE CHANGE	
Street number:	City:
Province:	Postal Code:
Phone number change:	_
SIGNATURES	
Employee Signature:	Date:
OFFICE USE ONLY	
☐ HOOPP - SIN#	☐ Sun Life
☐ S Drive Employee file (Name Change)	☐ Meditech
☐ Employee Change form Notice (email group)	$\square$ ID badge request (name change only)

## Name Change instructions:

- MEDITECH Enter former last name in (BRACKETS) and CAPS on the ALIAS line & add new last name in CAPS one the "Last name" line in the Demo screen
- EMPLOYEE FILE-Change former last name to (BRACKETS) and add new last name in Caps in front of the brackets
- Change HOOPP and Sun Life if applicable
- Send email notice to the "Employee Change" group so that their email, MT, intranet, etc can be updated
- Request new ID badge from Carillion