

HOME ADDRESS CHANGE

ALL FIELDS ARE REQUIRED:

HOME ADDRESS CHANGE	
Employee Full Name:	
Employee Number:	
Home Address Number:	
Postal Code:	
City:	
Province:	
Home telephone (including area code):	

Please fax form to (403) 319-7479 or turn it in at the office.

Questions? contact the HR Service Centre Toll Free at 1-866-319-3900

Personal Information Protection (Privacy Legislation) – The Personal Information and Electronic Documents Act, for federally regulated employers such as CPR, requires that the company safeguards the privacy of, and maintains the confidentiality of personal information collected, used and disclosed in the course of doing business and that access to information is provided only as stipulated within the Privacy of Information Policy #1804.