



Western Development Museum  
Corporate Office

2935 Lorne Avenue  
Saskatoon, SK S7J 0S5

**P:** 306-934-1400  
**W:** wdm.ca

---

## NOTICE OF EMPLOYMENT CHANGE

**NAME:** \_\_\_\_\_

**EMPLOYEE #:** \_\_\_\_\_

**TERMINATION DATE:** \_\_\_\_\_  
(DD / MM / YYYY)

**LAST DAY WORKED:** \_\_\_\_\_  
(DD / MM / YYYY)

**PAY PERIOD LAST PAID:** \_\_\_\_\_

**REASON FOR LEAVE (Request for Record of Employment):**

- |   |  |
|---|--|
| <input type="checkbox"/> Shortage of Work | <input type="checkbox"/> Retirement                                |
| <input type="checkbox"/> Parental         | <input type="checkbox"/> Approved LOA                              |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Position Change                           |
| <input type="checkbox"/> Dismissal        | <input type="checkbox"/> Health LOA (medical certificate required) |
| <input type="checkbox"/> Quit             |  |

**ROE to be sent to the following address:**

**Street/P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Admin to complete/delete:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Payroll Term  | <input type="checkbox"/> PEPP Unenroll                 | <input type="checkbox"/> Health/Dental Unenroll |
| <input type="checkbox"/> PEGL Listing  | <input type="checkbox"/> Record of Employment<br>(ROE) |   |
| <input type="checkbox"/> PEDIP Listing |  |   |

---

**Supervisor Signature**

---

MOOSE JAW

NORTH BATTLEFORD

SASKATOON

YORKTON