

Employee Report Form

Please submit completed form to BBD: 500-2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9 Fax: 604.464.7997 Toll Free: 800.667.1336

Name of Employer:			

Employee Name		Terminations		Salary Changes			Occupation Changes	ccupation Changes Transfers	
Last Name	First Name	Termination Date Month/Day/Year	Reason for Termination	Salary Change Date Month/Day/Year	New Salary (indicate salary basis – i.e. per month, hour, year)	Hours Per Week	New Occupation	New Division or Class	Transfer Date Month/Day/Year
			I			1			
X									
Authorized Signature of	Employer	Date							