



Early Childhood Program STAFF UPDATE NOTICE



This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to ensure staffing compliance with the *Child Day Care Standards Regulations*. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Early Childhood and School Services, Department of Education, Culture and Employment @ 867-920-3491.

INSTRUCTIONS

1. This form must be completed WITHIN 30 DAYS of employment, involvement or termination of an employee or volunteer.
2. When completed, send this form to the Education, Culture and Employment Office in your region:

Early Childhood Program
GNWT - EC&E
Box 1406
Fort Smith, NT
X0E 0P0

Phone: 872-7434
Fax: 872-4507

Early Childhood Program
GNWT - EC&E
Box 740
Fort Simpson, NT
X0E 0N0

Phone: 695-7329
Fax: 695-7351

Early Childhood Program
GNWT - EC&E
Box 1320
Yellowknife, NT
X1A 2L9

Phone: 766-5114/5107
Fax: 873-0243

Early Childhood Program
GNWT - EC&E
Bag Service #1
Inuvik, NT
X0E 0T0

Phone: 777-7436
Fax: 777-7218

Early Childhood Program
GNWT - EC&E
Box 147
Norman Wells, NT
X0E 0V0

Phone: 587-7160
Fax: 587-2612

FACILITY INFORMATION

Name of Child Care Facility	Phone	Fax
Location		
Name of Supervisor/Operator		

STAFF UPDATE

Action: <input type="checkbox"/> Add to Staff <input type="checkbox"/> Delete from Staff		Status: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	
Full Name of Employee/Volunteer			
Qualifications/Experience			
Position/Job Title			
Work Days From: _____ To: _____	Work Hours From: _____ To: _____	<input type="checkbox"/> Started <input type="checkbox"/> Finished	date d m y
Comments			

AUTHORIZATION

X _____ Signature of Supervisor/Operator	_____ Date - d/m/y
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ACKNOWLEDGEMENTS

X _____ Staff's Signature	_____ Date - d/m/y
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