

EMPLOYEE INFORMATION CHANGE FORM

Complete this form if you have a change in your name, address, email, emergency contact or license information. Return the completed form to Human Resources (HR). For changes related to benefits such as beneficiaries, dependents, etc., please contact HR at 325-6008.

General Information

Name¹: _____
Address²: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax _____ Other _____
Email: _____

Emergency Information

Notify/Relationship: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Work: _____ Other: _____

Notify/Relationship: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Work _____ Other: _____

License Information:

Driver's License #: _____ Exp. Date: _____
State: _____

Employee #: _____

Signature: _____ Effective Date: _____

¹ Name changes require you provide HR legal evidence of the change such as court order, marriage certificate, driver's license, or passport.

² Please note that your address information is the address where your W-2 will be mailed.