

Employee Information Change Form

Employee Name: (If submitting a name change	nployee Name: Last First submitting a name change, list name prior to change)					
Check All That Apply	<i>(</i> :	Name Change	Address	Change	Emergency Contact	Change
Effective Date of Cha	inge:					
NAME INFORMATIO	N					
Note: Legal name changes require a copy of a government issued identification card or a record of a legal name change						
New Legal Name:	Last		First			
New Preferred Name / Nickname: First Name Only						
PERSONAL CONTACT INFORMATION						
New Address:	Street Ad	dress				
	City			State	Zip Code	
New Phone: Hon	ne	Cell Other	New Personal Ema	il:		
EMERGENCY CONTACT INFORMATION						
Contact Name:	Last		First			
Address:						
	Street Ad	dress				
	City			State	Zip Code	
Phone:	Relationship:					

If your employee information change was due to a change in marital status or other qualifying event, please contact HR to find out how your life status change effects your employee benefits. If you plan on changing your filing status, you will also need to fill out an updated W-4.

