

Employee Information Change Form

Emp	loyee Name:			
Please update the following information effective				
	Name			
	New Name*:	*Contact Human Resources Departm	ent to Provide Additional Information	
	Address			
	New Address:			
	Phone Number			
	New Phone Nur	nber:		
	Emergency Contact Name of PRIMARY Contact Person:			
	Relationship:			
	Address:			
	Primary Phone Number: Secondary Phone Number: Name of <u>SECONDARY</u> Contact Person*: *Preferably out of county or state for disaster planning purposes. Relationship: Address:			
	Primary Phone	Number:		
	Secondary Phone Number:			
Note:		ee Signature	Date	

This form is to be used only for name changes, address changes, phone number changes, and emergency contact changes. Tax withholding changes must be completed on a W-4 form which may be obtained in the Human Resources Department or online at www.irs.gov.