



## EMPLOYEE INFORMATION CHANGE FORM

|   |  |   |
|---|--|---|
| Employee Name: (Last) _____ (First) _____ (MI) _____  |  |   |
| Clock No.:  | Home phone:  | Effective Date:   |
| I want/need to change my Personal Information as follows (please print):<br>Check the box(es) on the left that apply to the change(s) |  |   |
| <input type="checkbox"/> Name *   | New Name:<br>(Last) _____ (First) _____ (MI) _____   |   |
| <input type="checkbox"/> Address  | New Address:<br>(Address No. & Street) _____ (City) _____ (State) (Zip) _____ (County) _____   |   |
| <input type="checkbox"/> Home Phone Number<br><input type="checkbox"/> Cell Phone Number  | New Home Phone Number:   | New Cell Phone Number:  |
| <input type="checkbox"/> Emergency Contact  | New Emergency Contact Information:<br>(Last) _____ (First) _____ (Day Phone) _____ (Cell Phone) _____ (Relationship) _____   |   |
| <input type="checkbox"/> Marital Status *   | New Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   |   |
| <input type="checkbox"/> Educational Information  | Degree Type: _____ College/University: _____ Major : _____ Year Attained: _____  |   |
| <input type="checkbox"/> License & Certification  | License/Certification Type:  | Date Received: _____ Expiration Date: _____   |
| <input type="checkbox"/> Disability Status  | New Disability Status:<br><input type="checkbox"/> No <input type="checkbox"/> Yes - Please list & describe limitations, if any.   |   |
| <input type="checkbox"/> Military Status<br><input type="checkbox"/> Veteran Status   | New Military Status:<br><input type="checkbox"/> No Military Status <input type="checkbox"/> Active Military Status<br><input type="checkbox"/> Active Reservist <input type="checkbox"/> Inactive Reservist | New Veteran Status:<br><input type="checkbox"/> Challenged Veteran <input type="checkbox"/> Gulf War Veteran<br><input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other |
| <input type="checkbox"/> Gender *   | New Gender:<br><input type="checkbox"/> Female <input type="checkbox"/> Male   |   |

**\* Please Note:**

Name changes require a new Social Security Card. Return this completed form and your new Social Security Card to Human Resources.  
 Gender changes require appropriate legal documentation.  
 Marital Status changes require appropriate legal documentation and may require tax and/or benefit changes.  
 See Human Resources for appropriate forms.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return Form:

HR \_\_\_\_\_

Payroll \_\_\_\_\_