



Employee Data Change Request

EMPLOYEE INFORMATION

This form is used to notify Human Resources of any employee data changes.

Name Change Marital Status Change Address Change Emergency Contact Change Update Education

Employee Name:	First	Middle	Last

Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number:
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NAME CHANGE (Attach a copy of new social security card reflecting name change and marriage license/divorce decree)

Employee New Name:	First	Middle	Last

Marital Status: Single Married Divorced Widowed

ADDRESS CHANGE

Street Address:	County:
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Address 2:	City:	State:	Zip Code:
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Note: If mailing address is different from home address, complete information below (Also requires payroll entry).

Mailing Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Other Phone:
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Personal Email Address:

Highest Level of Education:

EMERGENCY CONTACT INFORMATION

Designate two individuals to be contacted in the event of an emergency

Primary Contact:	Relationship:
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Street Address:

City:	State:	Zip Code:
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Home Phone:	Work Phone:	Cell Phone:
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Secondary Contact:	Relationship:
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Street Address:

City:	State:	Zip Code:
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Home Phone:	Work Phone:	Cell Phone:
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EMERGENCY PLANNING

To effectively plan for a potential staffing crisis due to a disaster, pandemic, or other crisis, please provide the following information below. Under certain circumstances resources may be provided to accommodate essential staff and immediate family members at the facility during a crisis

Household Size: Number of adults: _____ Number of dependent children: _____

I may have difficulty because:

- I have dependent child/children
 - There are no other adult family members to provide care
 - Both parents work for GVRA
 - I will need help with establishing alternate care arrangements
- I provide care for an immediate relative who cannot care for him or herself on a routine basis
 - There are no other adult family members to provide care
 - There are no other adult family members to provide this care
 - I will need help with establishing alternate care arrangements
- I have pets that may required care I have no known issues at this time

Employee Signature:	Date:
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