

# EMPLOYEE CHANGE FORM

(Complete applicable sections and forward to Human Resource Department)

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_  
First M Last

## (1) Personal Information Changes:

### Name Change:

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Address Change: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## (2) Addition of New Dependents

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

## (3) Deduction Changes:

State/Federal Taxes: \_\_\_\_\_

**AFTER COMPLETION, PROMPTLY RETURN TO HUMAN RESOURCES FOR PROCESSING**

Received By HR: \_\_\_\_\_

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

Received By Payroll: \_\_\_\_\_

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