



Employee Information Change Form

Employee Name: _____

Please update the following information effective _____

Name

New Name*: _____

*Contact Human Resources Department to Provide Additional Information

Address

New Address: _____

Phone Number

New Phone Number: _____

Emergency Contact

Name of Primary Contact Person: _____

Relationship: _____

Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Employee Signature

Date

***Note:**

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.