



**Employee Information Update Form:
Address, Phone, Marital Status and/or Emergency Contacts**

<input type="checkbox"/> Please put a check(s) in the first column indicating the information you are updating.					
<input type="checkbox"/>	Name:				
<input type="checkbox"/>	Street Address, City, State & Zip:				
<input type="checkbox"/>	Home Phone: Cell Phone: Office Extension:				
<input type="checkbox"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<input type="checkbox"/>	Emergency Contacts: Please consider where these contacts can be reached during <u>YOUR</u> working hours.				
<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Name:</td> <td style="padding: 5px;">Phone #1:</td> </tr> <tr> <td style="padding: 5px;">Relationship:</td> <td style="padding: 5px;">Phone #2:</td> </tr> </table>	Name:	Phone #1:	Relationship:	Phone #2:
Name:	Phone #1:				
Relationship:	Phone #2:				
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Name:	Phone #1:				
Relationship:	Phone #2:				
Your contact information will be shared with other University departments so that materials may be sent to your home address, or so that we may contact you regarding business matters.					
Employee Signature/Date: 					
Effective Date of Change: 					

Please send completed and signed form to the Office of Human Resources, Molloy Hall via campus mail or via e-mail: hrweb@rivier.edu. Thank you.