



11920 S. Saginaw
Grand Blanc, MI 48439

Employee Information Change Form

Recommendation Guidelines

Please complete and forward to the Personnel Office. This form should be accompanied by an updated Driver's License and/or Social Security Card

Employee Information

Employee Name: _____ Today's Date: _____

Social Security #: ***-**-_____ Effective Date: _____

Type of Change (check all that apply)

Address	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>	Name Change	<input type="checkbox"/>
Emergency Contact	<input type="checkbox"/>		

Address:

City:

State:

Zip:

Phone:

Emergency Contact Name:

Emergency Contact Phone:

Marital Status: Single Married

Name Change:

This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.

Original Name:

New Legal Name:

Employee Signature:

Date: