EMPLOYEE INFORMATION SHEET

PLEASE PRINT:

NAME:_____
(Last) (First) (Middle)

LAST 4 DIGITS OF SOCIAL SECURITY #: **XXX-XX-**_____

AGENCY:_____

PLEASE COMPLETE ONLY THE ITEM(S) TO BE CHANGED:

(1) *New Name:_____

(2) Address:_____
(Street) (City) (State) (Zip)

(3) Home Phone #:_____

(4) Marital Status:

Single_____ **Married**_____ **Widowed**_____ **Divorced**_____ **Separated**_____

(5) Person to Notify in Case of Emergency:

_____
Name **Phone Number**

_____ _____
Employee Signature **Date**

***NOTE: If you have changed your name, a Personnel Action will be generated to reflect this change in your personnel file.**

Updated 1/2011