



EMPLOYEE INFORMATION UPDATE FORM

Please put a check(s) in the first column indicating the information you are updating				
<input type="checkbox"/>	Name:			Employee ID:
<input type="checkbox"/>	Department:	Reports To:	Campus Location:	Office Phone:
<input type="checkbox"/>	Home Street Address, City, State & Zip:			
<input type="checkbox"/>	Mailing Address, City, State & Zip (if different):			
<input type="checkbox"/>	Home Phone:			
<input type="checkbox"/>	Cell Phone:			
<input type="checkbox"/>	Emergency Contacts: Please list two (2) emergency contacts below. Please consider where this person can be reached during <u>your</u> working hours.*			
	Name:	Relationship:	Phone #1:	Phone #2:
	Name:	Relationship:	Phone #1:	Phone #2:
*Your emergency contact information will remain confidential and will be used for business purposes only.				
Employee Signature:			Date Signed:	
Effective Date of Change:				

Please send completed form to Casper College HR, GW 402.