



EMPLOYEE DIRECTORY CHANGE FORM

Employee's Name _____
PLEASE PRINT

Employee's Internal Title _____

Department _____ Supervisor _____

Office Phone _____

Campus _____ Building _____ Room Number _____

HGTC e-mail Address _____

Employee's Signature _____ Date _____

Completed form must be returned to Human Resources Department within five (5) days of
information change date

FOR HR OFFICE USE ONLY: DATE UPDATED IN SYSTEM _____ INITIALS _____