

Gorman Learning Center
Employee Information Change Form

Employee name

Effective Date

Employee's New Mailing Address: _____

Employee's New Shipping Address: _____
(If different than above---Do not use PO Box)

City, State, Zip: _____

New Phone: _____

New Fax: _____

Employee's Old Address: _____

City, Zip: _____

Employee's Signature

Date

Fax to 909-307-5746

Human Resources: Sage _____ BeneTrac _____ SIS _____

Payroll: _____

Updated 11/11