

Polk County Employee Change Notice Form

INSTRUCTIONS: The Employee Change Notice Form is located on the Polk County Internet HR Webpage, under **Employee Forms**. Copies may also be obtained by contacting your Payroll Clerk or the Human Resources Department. Data can be entered by Tabbing to each highlighted field. Click the 'Print form' Key to print the document. Make sure to sign and date the document before submission.

Employee Name (currently on file): _____
(Last Name, First Name, Middle Initial)

Check the appropriate box/s reflecting a change:

Name Address Phone Number/s Emergency Contact

Name Change:

Change name to: _____

Please note: All name changes must have a copy of the supporting documentation attached. (e.g. marriage certificate, divorce decree, etc.) Failure to change your name with the Social Security Administration may result in consequences with the Social Security Administration in crediting Social Security wages to your account and with the Internal Revenue Service regarding the proper filing of your Federal and/or States taxes.

Address Change: Please indicate Apt, Lot, Unit, etc., rather than using the # symbol.

Street Address _____ Phone Number _____
City _____ State _____ Zip Code _____

Phone Number(s) Change:

Home Phone _____ Cell Phone Business) _____
Cell Phone (Personal) _____

Emergency Contact Change

Name _____ Phone _____
Relationship _____
(Indicate Spouse, Parent, Sibling, Legal Guardian, Other)

Employee Signature

Date

Department

Date of Change

ORIGINAL: Human Resources