

Employee Change Notice Form Instructions

WHERE TO LOCATE AND HOW TO SUBMIT THE EMPLOYEE CHANGE NOTICE FORM:

- The Employee Change Notice Form is located on the “P” drive, under the folder titled HR 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 submitting.
- Note: This form may be completed manually by clicking the ‘Print Form’ Key, and entering data using legible handwriting.
- Send a signed copy of the Employee Change Notice Form to the Human Resources Department utilizing the following options:
 - Scan and email this form to: humanres@polkcountyiowa.gov, **or**
 - Send the printed form copy through the Polk County inter-office mail system.

Polk County Employee Change Notice Form

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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: 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:

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