



Change of Employee's Personal Information

SECTION I – EMPLOYEE INFORMATION (Please type or print)

Name _____
Last First

Job Title _____ Program _____

Administrator _____ HR use only: Social Security # _____ - _____ - _____

SECTION II – NAME CHANGE (*Must provide legal documents: i.e. marriage certificate, divorce decree)

Current name _____
Last First

Change name to: _____
Last First

SECTION III – ADDRESS NUMBER CHANGE

Current Address: _____
Street City State Zip

Change Address to: _____
Street City State Zip

SECTION IV – PHONE NUMBER CHANGE

Old Phone Number: _____ New Phone Number: _____

SECTION V – SIGNATURE/APPROVAL

Employee signature Date

HR Representative Date

Human Resources Information Only

Entry Date _____

Legal documents attached: Yes No

Comments _____