



PERSONNEL INFORMATION CHANGE FORM

Please Type or Print – Return completed form to the Human Resources Department

Last Name	First Name	M.I.	SSN#
E-mail Address			

Check all that you are changing:

Address Name Marital Status Alternate Contacts E-mail

STATE OF WITHHOLDING *Note: You must fill out a new W-4 when changing your withholding state.*

Change State of Withholding From _____ To _____

ADDRESS CHANGE

Previous

Address			
City	State	Zip Code	Telephone

New

Address			
City	State	Zip Code	Telephone

NAME CHANGE *Note: You must provide a copy of your Social Security Card and complete a W-4 with your new name.*

Former Name

Last Name	First Name	M.I.
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New Name

Last Name	First Name	M.I.
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MARITAL STATUS CHANGE *Note: You will need to fill out a new W-4 with your Marital Status Change.*

Single Married Separated Divorced Widowed Other _____

ALTERNATE CONTACT

Emergency Contact Information

Name		Relationship	
Address		City	
State	Zip Code	Home #	Work #

Access to Personnel Information

Name		Relationship	
Address		City	
State	Zip Code	Home #	Work #

Special Emergency Information

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INTERNAL USE ONLY

Date of Call	Who Called	Identification Verified	Your Name
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AUTHORIZATION I authorize my employer to make the appropriate changes to my employee data as noted on this form.

Signature _____ Date _____