



EMPLOYEE INFORMATION FORM

(For Active Employees Only)

Employee Last Name	First Name	Middle Initial	Date:
Social Security Last(4 digits only) xxx xx	Telephone Number Where You Can Be Reached	Department/ Position	
Employee W#	Alternate Contact Number		

CHANGE OF ADDRESS

New Mail Address		
City	State	Zip Code

NAME CHANGE

CURRENT NAME ON FILE

Last Name	First Name	Middle Initial
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NEW NAME

Last Name	First Name	Middle Initial
Reason For Change		
Please fill in all applicable fields above, sign and return to the HR department with supporting documentation. Valid documentation includes: <ul style="list-style-type: none">▪ A copy of the State Issued Driver's License and Social Security Card▪ A copy of your Divorce Decree or Marriage License▪ A copy of your Passport		
Employee's Signature	Date:	
For Internal HR USE ONLY		
Employee Records Updated By	Date:	

