



## EMPLOYEE INFORMATION FORM

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 A#	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
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Reason For Change

**Please fill in all applicable fields above, sign and return to the HR department with supporting documentation.**

Valid documentation includes:

- A current copy of the State Issued Driver's License and Social Security Card
- A copy of your Divorce Decree or Marriage License
- A current copy of your Passport

Employee's Signature	Date:
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#### For Internal HR USE ONLY

Employee Records Updated By	Date:
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