



# PERSONNEL INFORMATION CHANGE FORM

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

Last Name	First Name	M.I.	SSN#
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Check all that you are changing:

Address      Name      Marital Status      Emergency Contacts

**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 \_\_\_\_\_

## EMERGENCY CONTACT CHANGE

Primary

Name		Relationship	
Address		City	
State	Zip Code	Home #	Work #

Secondary

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 \_\_\_\_\_