



Personal Data Change Form

This information is intended to update your information for Payroll and Human Resources demographic reporting purposes only. You may need to complete additional documentation for benefits, tax purposes, union contacts, etc. Return the completed form to Rhonda Collins, Benefits Coordinator.

Employee Information

Name _____ Emp. # _____ or SSN: _____

Name/Status Change NOTE: A copy of your marriage license, driver's license, court order or similar document **must** be attached.

Previous Name: _____
First Middle Last

New Name: _____
First Middle Last

New Marital Status: Single Married

Name changes will cause your current e-mail address to change to reflect your current name. Check here if you **DO NOT** want your e-mail to change:

Considerations:

- If you are changing your family status (due to marriage, divorce, etc.) and wish to change the beneficiaries for your life insurance or retirement, please contact Human Resources for the Change of Beneficiary forms.
- To change your tax exemptions, please complete new federal and state tax forms.

Home Address/Phone Change

NEW Residence Address

Street Apt. City St. Zip

NEW Mailing Address (complete ONLY if different from your Residence Address)

Street Apt. City St. Zip

NEW Phone Number

Home Phone Cell Phone

Emergency Contact Change

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: (_____) _____ - _____

Signature/Date This must be signed and dated to be processed.

Employee Signature Date Effective date for this change

****Return completed form to Rhonda Collins****

Payroll	HR
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