

## EMPLOYEE INFORMATION CHANGE FORM

Complete this form if you have a change in your name, address, email, emergency contact or license information. Return the completed form to your department assistant. For changes related to benefits such as beneficiaries, dependents, etc., please contact HR.

### General Information

Name<sup>1</sup>: \_\_\_\_\_  
Address<sup>2</sup>: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Information

Notify/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Notify/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other: \_\_\_\_\_

### License Information:

Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
State: \_\_\_\_\_

Employee #: \_\_\_\_\_

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<sup>1</sup> Name changes require you provide HR legal evidence of the change such as court order, marriage certificate, driver's license, or passport.

<sup>2</sup> Please note that your address information is the address where your W-2 will be mailed.