

Payroll

One University Boulevard 541-962-3286
La Grande, Oregon 97850



Employee Change Form

Employee

Name: _____

Today's

Date: _____

ID

Number: _____

Effective

Date: _____

TYPE OF CHANGE

Please check all that apply.

- ☐ Address
☐ Phone Number
☐ Emergency Contact

- ☐ Marital Status
☐ Name Change

Please see below for additional documentation that must be submitted with your request.

Please print clearly.

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____

Emergency Contact Relationship: _____

THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 AND COPY OF THE LEGAL DOCUMENTATION WITH THIS CHANGE REQUEST FORM.

Name Change:

This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.

Original Name: _____

New Legal Name: _____

Employee

Signature: _____ Date: _____