

Payroll

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



Employee Change Form

Employee Name: _____

Today's Date: _____

ID Number: _____

Effective Date: _____

<u>TYPE OF CHANGE</u>	
<i>Please check all that apply.</i>	
<input type="checkbox"/> Address	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Name Change
<input type="checkbox"/> Emergency Contact	<i>Please see below for additional documentation that must be submitted with your request.</i>

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: _____
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