

Employee Change Form

Human Resources Office
2011 Mottman Road SW
Olympia, WA 98512

Directions: Complete form, print, sign and return to Human Resources Office.

Employee Information (* Required Fields)

Employee Name: *

SID Number: *

Personal Email: *

Name Change: ☐ **Yes**** ☐ **No** Previous Name:

Home Phone: *

Cell Phone: *

** Please present the new identification from your name change to the Human Resources Office.

Emergency Contact

Name:

Relation:

Phone Number:

Home Changes

Mailing Address:

Address:

City:

State:

Zip:

Employee Signature

Date

For HR/Benefits/Payroll Use Only:

☐ HP 9000 ☐ HCA ☐ DRS ☐ Personnel File