

Employee Information Form For Employee

Instructions for Employees

- Please fill out only the sections where your information has changed.
- Review each section carefully and provide complete and accurate information.
- Submit the completed form to the HR department by the specified deadline.

Personal Information Update

Employee ID: _____

Full Name: _____

Date of Birth (MM/DD/YYYY): _____ (If changed)

Contact Information Update

New Phone Number: _____

New Email Address: _____

New Current Address: _____

- Street: _____
- City: _____
- State: _____
- Zip Code: _____

Employment Details Update

New Position/Title (if applicable): _____

New Department (if applicable): _____

New Manager's Name (if changed): _____

Emergency Contact Information Update

New Emergency Contact Name: _____

Relationship to You: _____

New Phone Number: _____

New Email Address: _____

Bank Information Update for Payroll (if applicable)

New Bank Name: _____

New Account Holder's Name: _____

New Account Number: _____

New Routing Number: _____

Checking **Savings** (Check one if this information has changed)

Other Information

Any other information or updates not covered above:

- Please specify any additional changes or updates to your personal or employment information.

Acknowledgement

I confirm that the information provided above is accurate and complete to the best of my knowledge.

- **Signature:** _____
- **Date (MM/DD/YYYY):** _____