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EMPLOYEE INFORMATION UPDATE

EMPLOYEE NAME	EMPLOYEE ID	DEPARTMENT	EFFECTIVE DATE OF CHANGE

WHAT IS CHANGING

- ❑ Legal name
- ❑ Home address
- ❑ Phone
- ❑ Personal email
- ❑ Emergency contact
- ❑ Direct deposit (separate form)
- ❑ Marital / dependents (W-4)
- ❑ Job title / department
- ❑ Manager
- ❑ Work location
- ❑ Hours / schedule
- ❑ Other

PREVIOUS

Name _____

Address _____

City, state, ZIP _____

Phone _____

Email _____

Emergency contact _____

Job / dept / manager _____

NEW

Name _____

Address _____

City, state, ZIP _____

Phone _____

Email _____

Emergency contact _____

Job / dept / manager _____

REASON / NOTES (FOR A LEGAL NAME CHANGE, ATTACH SUPPORTING DOCUMENT)

HR ACTIONS

- ❑ Payroll updated
- ❑ Benefits carrier notified
- ❑ W-4 / state form on file
- ❑ Directory and badge updated

Employee signature / date _____ Manager (for job changes) / date _____ HR processed by / date _____