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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