



Contact Information or Name Change Update

This form must be submitted to Human Resources
to be reflected on your annual W-2 Tax Form

Employee # _____ Department _____

Employee Name _____

This change is for(circle one): Address Phone Number Name Emergency Contact

Employee Contact Information

Address _____

City/State/Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Email _____

Address _____

Emergency Contact Information

Name _____

Telephone Number (____) _____

Address _____

City/State/Zip _____

Relationship _____

Note

- Change in marital status requires that you bring in verification if a name change occurs - social security card with new name, driver's license with new name, and a w-4 with new name needs filled out.
- To change the number of tax exemptions claimed, please fill out a new W-4 form.

Employee Signature _____ Date _____

