



## Contact Information or Name Change Update

This form must be submitted to Human Resources to be reflected on your annual W2 tax form

Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_

\*Previous Name (if name change): \_\_\_\_\_

### \*Note

You must provide HR with verification of name change: social security card and driver's license with new name. **A new W-4 will also need to be filled out and submitted.**

### Employee Contact Information

No Changes

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

No Changes

Name: \_\_\_\_\_

Phone number (Cell / Home): \_\_\_\_\_

Relationship: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For HR Use ONLY</b>		Date: _____	Initials: _____
Avail <input type="checkbox"/>	Blackboard <input type="checkbox"/>	FRS <input type="checkbox"/>	EIF for name change <input type="checkbox"/>
**Email to Payroll, Benefits, and the Department's Administrator**			