

EMPLOYEE INFORMATION UPDATE FORM

It is the employee's responsibility to complete this form and return it to the Human Resource Office when there is a change in their personal status. This information will automatically be sent to the payroll office. Employee must also inform their supervisors of these changes.

NAME _____

PROGRAM & LOCATION _____

My **NEW** information is: (check all applicable) Effective Date _____

NAME: _____ PHONE _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

E-MAIL ADDRESS: _____

EMERGENCY INFORMATION

NAME _____ PHONE _____

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_____ Benefits Office

_____ HR Employment Office

_____ Payroll Office