

## PERSONAL INFORMATION CHANGE

<b>Name:</b> _____	<b>Employee Number:</b> _____
<b>Position:</b> _____	<b>Department:</b> _____

I hereby request the company's records be changed to reflect the following:

☐ **Change of Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Fax Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Cellular Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Message Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of E-Mail Address:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change of Marital Status:** ☐ Single ☐ Married **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ **Change in Number of Dependents:** ☐ Addition How Many? \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

☐ Deletion How Many? \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date** (Month/Day/Year)

**Distribution: Original to Employee Personnel File, Copy to Payroll**