



## Employee Information Change Form

Please change the following personal information

Address

Name

Phone Number

Employee name: \_\_\_\_\_ ID number: \_\_\_\_\_

Department: \_\_\_\_\_ Elected Date of change: \_\_\_\_\_  
(if not immediate)

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### New Information

**New Name**

\_\_\_\_\_

**New Address**

\_\_\_\_\_

\_\_\_\_\_

**New Telephone Number**

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Printed Name**

Return completed form to your Human Resources (HR) Representative.