

## **Employee Change of Information**

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

Effective Date: \_\_\_\_\_

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New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Telephone Number: \_\_\_\_\_

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

Miscellaneous Change: \_\_\_\_\_

<b>For HR Dept. Only:</b>
Master      Eval      Payroll      Insurance      Gold Suite