



Employee Information Update Form

Employee Information	
Employee Name _____	EE Num. _____
Department _____	Position _____

Personal Information Change <i>*Please only complete lines that should be updated</i>	
Effective Date _____	
First Name _____	Last Name _____
Address 1 _____	Address 2 _____
City _____	State/Zip _____
Preferred Email _____	
Phone Main _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Phone Alternate _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Marital Status _____	Gender _____
<input type="radio"/> Single	<input type="radio"/> Male
<input type="radio"/> Registered, Domestic Partner	<input type="radio"/> Female
<input type="radio"/> Married	<input type="radio"/> Neither of these
<input type="radio"/> Separated	<input type="radio"/> Prefer not to answer
<input type="radio"/> Divorced	
<input type="radio"/> Widowed	

The above is true to the best of my knowledge and I understand that additional documentation may be requested and/or required for certain changes including marriage, divorce, and/or name changes.

Employee Signature