Employee Change Form - Template

Employee Name:_____ **Today's Date:**_____

Social Security Number:_____ **Effective Date:**_____

TYPE OF CHANGE

Please check all that apply.

- ☐ **Address**
- ☐ **Phone Number**
- ☐ **Emergency Contact**
- ☐ **Marital Status**
- ☐ **Name Change**

Please see below for additional documentation that must be submitted with your request.

Please print clearly.

Address:_____

_____

City:_____ **State:**_____ **ZIP:**_____

Phone: (_____) _____

Emergency Contact Name:_____

Emergency Contact Phone: (_____) _____

Emergency Contact Relationship:_____

THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 AND COPY OF THE LEGAL DOCUMENTATION WITH THIS CHANGE REQUEST FORM.

Martial Status: **Single** **Married** **Widowed** **Divorced**

Name Change:

This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.

Original Name:_____

New Legal Name:_____

Employee Signature:_____ **Date:**_____