



EMPLOYEE RECORD CHANGE

This form is used to change employee name, address, phone, or emergency contact information.

Please fill out/submit changes via email to: HResources@KCSouthern.com

Mail: Human Resources, Kansas City Southern, P.O. Box 219335, KCMO 64121-9335 Fax: 816-983-1108

PLEASE PRINT (Required Fields)

EFFECTIVE DATE OF CHANGE(S) _____

NAME _____

EMPLOYEE IDENTIFICATION NUMBER (or SS#) _____

FILL OUT APPLICABLE FIELDS ONLY

NAME CHANGE

NEW NAME _____
(Include proof of change such as copy of social security card)

RESIDENCE/PHYSICAL ADDRESS (NO POST OFFICE BOXES)

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PERSONAL EMAIL

(If you are changing your state of residence, please complete new W-4 for correct payroll deductions to be kept.)

PHONE CHANGE

HOME AREA CODE _____ NUMBER _____

CELL _____

OTHER _____

EMERGENCY CONTACT CHANGE:

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE: HOME AREA CODE _____ NUMBER _____

WORK _____

CELL _____

This form will update employee records in SAP

EMPLOYEE SIGNATURE _____ DATE _____