



Office of Human Resources

NOTIFICATION OF PERSONAL CHANGES FORM

CHANGE IN *(check all that apply)*

- Name
- Address
- Phone #
- Marital Status

EMPLOYEE NAME: _____

DEPARTMENT: _____

CHANGE TO THE FOLLOWING INFORMATION:

NAME: _____
Last Name First Name Middle Initial

ADDRESS _____
Street City State Zip

HOME PHONE #: _____

CELL PHONE #: _____

MARITAL STATUS (please attach a copy of your marriage license, divorce decree, and/or any other legal document evidencing the change):

- Single
- Married
- Divorced
- Widowed

Please Note: *Changes to benefits are not automatic. If you wish to update Federal and/or State withholding information, health insurance, dental insurance, life insurance, retirement/pension, emergency contacts, among others, please contact appropriate provider to do so.*

Employee Signature

Date