**Current Information**

*Complete with information as it existed in your personnel records.*

|  |  |
| --- | --- |
| **Name:**  |  |
| **Employee ID:**  |  | **Email:** |  |
| **Primary Phone:**  |  | **Alternate Phone:** |  |
| **Address:**  |  |
|  |
|  |

**New Information**

*Check the box corresponding to the information you would like changed in your personnel records. If you are adding an additional email address or phone number check the box indicating ‘Additional’, if you are changing the information to something different, check ‘Updated’*

[ ]  Name – *Changes to your name must be submitted with a Social Security Card that reflects the name you are changing your records to.*

[ ]  Email [ ]  Additional OR [ ]  Updated

[ ]  Phone Number [ ]  Additional OR [ ]  Updated

[ ]  Address

**Updated Information**

*Complete to reflect the information as it should exist in your personnel record*

|  |  |
| --- | --- |
| **Name:**  |  |
| **Email:** |  |
| **Primary Phone:**  |  | **Alternate Phone:** |  |
| **Address:**  |  |
|  |
|  |