

## CHANGE OF ADDRESS AND OTHER PERSONAL INFORMATION

Employee Name: \_\_\_\_\_ WIN # \_\_\_\_\_

Please make the following changes to my employee record:

**Name Change:** \_\_\_\_\_

**Required documentation for changing the last name:** social security card with new name. Without documentation, the last name cannot be changed.

**Marital Status:**    Single            Married            Divorced            Widowed

**Required documentation for marital status change:** marriage license/divorce decree.

### Change Address:

Street:			
City:	State:	Zip Code:	Boro/Township (REQUIRED):

**New Telephone #:** \_\_\_\_\_

### Change Emergency Contact Information:

Name:

	City:	State/Zip:
Doctor's Phone:	Doctor's Name:	

### Change office information:

Office Location/Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Floor: \_\_\_\_\_

Office Telephone Extension: \_\_\_\_\_