

Employee Status Change Form

Name: _____ Emp No: _____

Dept: _____ Status: FT PT RETIREE

Effective Date of Change(s): _____

▼ Complete only the sections that you wish to update.

Mailing Address Change	Address Line 1			
	Address Line 2			
	City, State, Zip			
Contact Info Change	Cell Phone:			
	Home Phone:			
	Personal Email:			
Name Change*	From:			
	To:	*Attach copy of new Social Security card		
Emergency Contact Chg	Name:			
	Relationship:			
	Phone:			
Marital Status Change	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Domestic Partnership	
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> I'd Rather Not Say	
Gender Status Change	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer Not to Say

▼ Sign, date, and return this form to Human Resources for processing.

Signature: _____ Date: _____