

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: _____