

COMMUNITY ACTION, INC. OF HAYS, CALDWELL AND BLANCO COUNTIES

CHANGE OF PERSONAL INFORMATION

EMPLOYEE NAME: \_\_\_\_\_ (Please Print)

SOCIAL SECURITY NO: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

As indicated below, please change the personal information maintained in my official personnel records:

NEW HOME ADDRESS

Number and Street or P.O. Box Number \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NEW HOME PHONE

Area Code \_\_\_\_\_

NEW MARITAL STATUS\*  SINGLE  MARRIED  DIVORCED  WIDOWED

NAME CHANGE\*

From \_\_\_\_\_

To \_\_\_\_\_

NEW/UPDATED EMERGENCY CONTACT INFORMATION

1.) Individual's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Street Number & Name \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

2.) Individual's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Street Number & Name \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

\*Requires a new W-4 Form

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Copied & Distributed By: (initial & date) ORIGINAL - Personnel File COPY - Payroll Clerk COPY -Program Bookkeeper

Received in Human Resources Department On: (Stamp)