



WORKSITE EMPLOYEE CHANGE FORM
(email to hr@integrityhrm.com)

Employee Name: _____

Employee Number: _____

Job Title/Department: _____

Type of Change: (check one)

- | | |
|--|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone Number |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Email Address |

****Please complete only the information that needs to be updated in the section below****

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact's Relationship to you: _____

The following changes require submission of a new W-4 form and a copy of your driver's license, social security card, or court document to effect the change:

- Marital Status
- | | | | |
|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced |
|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|

Name Change

Original Name: _____

New Legal Name: _____

Employee Signature: _____

Date: _____