

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: _____