

EMPLOYEE CHANGE FORM

EMPLOYEE NAME: _____ **EMPLOYEE ID#** _____

DEPARTMENT/POSITION: _____

TYPE OF CHANGE:

Please Check All That Apply

- ☐ **Address**
☐ **Phone Number**
☐ **Emergency Contact**
☐ **Email**

- ☐ **Marital Status**
☐ **Name Change**

**Please see below for additional documentation that must be submitted with your request.*

PLEASE PRINT CLEARLY

Address: _____

City: _____ **State:** _____ **Zip:** _____

**Employees moving into or out of NYC or Yonkers must submit an updated NYS Tax Form IT-2104*

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Marital Status: ☐ **Single** ☐ **Married**

**Change in marital status requests require submission of legal documentation indicating the change. Federal and NYS Tax filing status will not be updated without revised forms (W-4 and IT-2104).*

Name Change:

**This must be your name as it appears on your social security card and professional license, if applicable. You are required to submit your updated social security card and professional license, where applicable, in order for your name change request to be processed.*

Former Name: _____

New Legal Name: _____

Employee Signature: _____ **Date:** _____