



# Change Of Demographics Form

Return this to the Business Office as soon as possible

EMPLOYEE NAME ON FILE \_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

NAME CHANGE

NEW LEGAL NAME \_\_\_\_\_

(If name change, please provide a copy of your driver's license and social security card with your new name.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Business Office Use Only:

- Time Clock
- Software Unlimited
- Ease
- Health Insurance
- Dental/Vision
- Basic Life Insurance
- Long Term Disability
- IT (badge/security/email address)

