

EMPLOYEE

PERSONAL INFORMATION CHANGE FORM

Name Change **Address Change** **Telephone # Change**

Effective Date of Change(s): _____

NAME: _____ EMPLOYEE ID#: _____

If Name Change list Prior Name: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____ CELL #: _____

EMAIL: _____

(List personal email if you don't have a Sutter COE email account)

Employee's Signature

Date

FOR OFFICE USE ONLY			
EMPLOYEE CHANGE CHECKLIST			
Human Resources		Payroll	
<input type="checkbox"/>	Entered in Escape	<input type="checkbox"/>	Update the Retirement System
<input type="checkbox"/>	Entered in HR Data Base	<input type="checkbox"/>	Health Insurance (TCSIG) Updated
<input type="checkbox"/>	Entered in AESOP- Phone # and Name Change Only (Jenny)	<input type="checkbox"/>	Sunlife Updated
<input type="checkbox"/>	Entered in Public SchoolWorks Name Chagne Only (Jenny)		
<input type="checkbox"/>	Copy to Payroll Department		
<input type="checkbox"/>	Copy to IT – <i>Name Change Only</i>		
<input type="checkbox"/>	Scanned into Laserfiche		