

Employee Personal Data Change Form

Please type or print

Your Name: _____
(as currently shown in our records)

Your Employee # (SAP#): _____

Daytime Phone #: _____

New Name: (Only legal name changes as shown on Social Security card are acceptable. If faxing this form, send a copy of your new card) HR Verification: _____ (HR initial here if SS card is reviewed & attach copy)	
New Personal Phone Number(s)	(home) _____ (cell) _____
Mailing/Home Address Change	Log into Employee Self Service
Emergency Notification	Name: _____ Address: _____ _____ _____ Phone: _____ Relationship: _____
Other Miscellaneous Personal Changes:	

Your Signature: _____ **Today's Date:** _____

Thank you for updating your records! Return this form to the Office of Human Resources, Mail slot #564, or fax to (501) 603-1318

Address changes must be completed via Employee Self Service