

EMPLOYEE INFORMATION UPDATE PLEASE PRINT

Name:	Building:
Employee I.D. (Not SS #) _	Position:
	LETE FOR NEW INFORMATION ONLY
Name Change*	To
	To: mit updated social security card with new name.
	-
O	s are needed to insurance or beneficiary forms, tact the Human Resources Department.
COMP	LETE FOR NEW INFORMATION ONLY
New Address:	
	Phone #:
Do you need Grand Rapids	City Tax withheld? Yes* No
Do you need Walker City T	ax withheld? Yes* No
*Tax form must accompany	this request if Grand Rapids or Walker taxes are to be withheld.
Active Employee	Inactive Employee
Comments:	
Effective Date For Change:	
Signatura:	Data