



OFFICE USE ONLY:

\_\_\_\_ HR/Payroll: \_\_\_\_\_  
Initial Date Received

## Employee Demographic Change Form

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### EMPLOYEE NEW DEMOGRAPHIC INFORMATION

**Type of Change Requested:** *(please check all that apply)*

- Address     
  Phone Number     
  Marital Status     
  Email Address  
 Name Change     
  Emergency Contact     
  Other \_\_\_\_\_

*(Please print clearly)*

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_  Cellular  Home

Alternate Telephone: \_\_\_\_\_  Cellular  Home

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 AND COPY OF THE LEGAL DOCUMENTATION WITH THIS CHANGE REQUEST FORM

Marital Status:  Single       Married       Widowed       Divorced

**Name Change:** *This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.*

Original Name: \_\_\_\_\_  
Last First Middle

New Legal Name: \_\_\_\_\_  
Last First Middle

*By signing this form, I certify the information I provided above is true and accurate and I authorize USHydrations to make the necessary changes to my personnel file per my request as of the effective date.*

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Directions:** *This form and any applicable documentation should be submitted to the Human Resource Department at least one (1) week prior to the effective date of change.*