



Employee Record Update

EE #	NAME (as it currently appears in the payroll system)	EFFECTIVE DATE OF CHANGE			
Type of Change (check ALL that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> NAME CHANGE MARITAL STATUS EMAIL ADDRESS </td> <td style="width: 50%; border: none;"> ADDRESS/PHONE NUMBER CHANGE EMERGENCY CONTACT INFO OTHER (Use comments section) </td> </tr> </table>				NAME CHANGE MARITAL STATUS EMAIL ADDRESS	ADDRESS/PHONE NUMBER CHANGE EMERGENCY CONTACT INFO OTHER (Use comments section)
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NOTE THAT ONLY YOU CAN UPDATE YOUR INFORMATION FOR RETIREMENT/TCRS. YOU CAN MAKE CHANGES ONLINE IN THE EMPLOYEE PORTAL OR BY CALLING 1-800-922-7772.					
NEW NAME (attach clear copy of new Social Security card for all name changes)					
NEW MARITAL STATUS (ATTACH DOCUMENTATION)		SELECT ANY OTHER CHANGES NEEDED & CONTACT HR			
		W4	Beneficiaries Insurance		
NEW RESIDENCE ADDRESS (number, apartment #, street)					
NEW RESIDENCE ADDRESS (city, state, zip)					
NEW MAILING ADDRESS (number, apartment #, street) *ONLY FILL IN IF DIFFERENT FROM RESIDENCE ADDRESS*					
NEW MAILING ADDRESS (city, state, zip) *ONLY FILL IN IF DIFFERENT FROM RESIDENCE ADDRESS*					
NEW PRIMARY PHONE NUMBER	TYPE (select) Cell Home Work	NEW SECONDARY PHONE NUMBER	TYPE (select) Cell Home Work		
NEW/UPDATED EMAIL ADDRESS					
EMERGENCY CONTACT CHANGE					
CONTACT 1 NAME (FIRST AND LAST)	RELATIONSHIP	EMERGENCY CONTACT PHONE			
CONTACT 2 NAME (FIRST AND LAST)	RELATIONSHIP	EMERGENCY CONTACT PHONE			
ADDITIONAL INFORMATION / COMMENTS					
EMPLOYEE SIGNATURE		HR SIGNATURE			
DATE SIGNED		DATE SIGNED			
HR DEPARTMENT USE ONLY					
Recd		Date entered in system: _____			
		Entered by: _____			