

Employee Information Change Form

PLEASE FILL IN THE REQUIRED FIELDS BELOW:

Employee ID#: _____

Name: _____
Last
First
Middle

Last 4 Digits of Social Security #: XXX-XX- Department _____

Home Email Address: _____

PLEASE COMPLETE ONLY THE ITEM(S) TO BE CHANGED:

*Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Home/Cell Phone #: _____

New County of Residence: _____

Marital Status change: **Single** **Married** **Widowed** **Divorced** **Separated**

Person to Notify in Case of Emergency:

Name Phone Number

Upon completion, this form is to be forwarded to payroll person in the County Auditor's Office. Employees that have a change of name, address or phone number must update these items in their employee portal with Hoosier Start/Deferred Comp, as well as with PERF. Those with change in marital status that results in change of last name must complete an SS-5, Application for Social Security Card and have the new name added to a valid SS card so that payroll tax contributions are in correct last name.

Employee Signature

Date