



PINE MANOR COLLEGE

EMPLOYEE NAME / ADDRESS & PHONE / MARITAL STATUS / EMERGENCY CONTACT Employee Change Form

Employee Name: _____

Today's Date: _____

Social Security Number: _____

Effective Date: _____

TYPE OF CHANGE - Please check all that apply.

- Marital Status Address Phone Number Emergency Contact
 Name Change (Please see below for additional documentation that must be submitted with your request.)

Please print clearly.

Address:

City, State, Zip

Home Phone Number

Alt. Phone Number

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact Relationship:

Marital Status: Married Single (includes Widowed, Divorced, and legally separated)

Name Change: This should be your name as it appears on your Social Security card, Marriage License, or some form of legal documentation. You must also include a copy of your legal documentation reflecting this change in order for the change to be processed.

Original Name:

New Legal Name:

Employee Signature: _____ Date: _____