



EMPLOYEE CHANGE FORM

Information

Date of Request: _____

Employee Name: _____

Contract Number: _____ Position Held: _____

Social Security _____

Manager: _____

Type of Change Requested:

<input type="checkbox"/>	Name Change: *Must contact HR Dept.
<input type="checkbox"/>	Address Change: Effective Date: _____ From: _____ _____ / _____ / _____ City State Zip To: _____ _____ / _____ / _____ City State Zip
<input type="checkbox"/>	Phone Number Change: Effective Date: _____ Home: _____ Work: : _____ Cell: : _____
<input type="checkbox"/>	Emergency Contact: Effective Date: _____ Name: _____ Relation: _____ Phone: _____ Cell: _____
<input type="checkbox"/>	W-4 Change: Effective Date: _____ *Must Attach new W-4
<input type="checkbox"/>	Other: _____ _____ _____
Employee Signature: _____ Date: _____	

<p style="text-align: center;"><u>Process:</u></p> <ul style="list-style-type: none"> Employee completes request Fax to Angel Staffing Inc. Main: (210) 616-9501 or Payroll Dept.: (210) 545-0271 	<p style="text-align: center;"><u>Internal Process:</u></p> <ul style="list-style-type: none"> Received by: _____ Date: _____ Forward to Payroll Manager : _____ Original to HR File: _____
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