

Human Resources Department

CONTACT DATA SHEET

Date of Request: _____

Entered EPICS:	
Entered Sub System:	

Classification: _____

Work Location _____

- Type:
- New Employee** – Complete Sections A through D
 - Name Change** – Complete Sections A and E, attach documents (Driver License and Social Security Card with **NEW NAME**)
 - Address Change** – Complete Sections A and B
 - Phone Number or E-Mail Change** – Complete Sections A and C
 - Emergency Contact** – Complete Sections A and D

Section A – Legal Name

Legal Last Name:	First:	Middle:
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Section B – Home and Mailing Address

Home Address	City	Zip
Mailing Address	City	Zip

Section C – Phone Number and E-Mail

Primary Telephone #:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Secondary Telephone #:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other
Email Address			

Section D – Emergency Contact Information

List the name of the person(s) to contact in case of an emergency:

Name:	Relationship:	Primary #:
Name:	Relationship:	Primary #:

Section E – Name Change

From:		
Legal Last Name:	First:	Middle:
To:		
Legal Last Name:	First:	Middle:

If Name Change, please sign with NEW NAME.

Employee Signature

Date

