



# EMPLOYEE INFORMATION

## CHANGE FORM

S + A F F I N G

Date of Request \_\_\_\_\_

Employee Name \_\_\_\_\_

Contract Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Change

<input type="checkbox"/>	<b>Name Change</b> <b>To:</b> _____ Coouse <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (must contact HR Dept.)
<input type="checkbox"/>	<b>Address Change:</b> Effective Date: _____ <b>From:</b> _____ city _____ /state _____ /zip _____ <b>To:</b> _____ city _____ /state _____ /zip _____
<input type="checkbox"/>	<b>Phone Number Change:</b> Effective Date: _____ Home _____ Work _____ Cell _____
<input type="checkbox"/>	<b>Emergency Contact:</b> Effective Date: _____ Name: _____ Relation: _____ Phone _____ Cell _____
<input type="checkbox"/>	<b>W-4 Change:</b> Effective Date: _____ * must attach a new W-4
<input type="checkbox"/>	<b>Other:</b>  
Employee Signature: _____ Date _____	

**Process**

- Employee completes request
- Fax to Angel Staffing Incorporated
- Main (210)616-9501 or Payroll (210)545-0271

**Internal Process**

- Received by:
- Date:
- Forward to Payroll Manager:
- Original to HR File: