

# STAFF CHANGE OF INFORMATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check only the item/items that apply to you.  
Return this form to Human Resources (Patti Dixon's Box).

\_\_\_\_\_ **My Name:**  
My old name: \_\_\_\_\_  
My new name: \_\_\_\_\_

\_\_\_\_\_ **My Address:**  
My new address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **My Telephone Number:**  
My new telephone number: \_\_\_\_\_

\_\_\_\_\_ **I have a Pager that I would like put on the telephone list:**  
Pager number: \_\_\_\_\_

\_\_\_\_\_ **I have a Cell Phone that I would like to put on the phone list:**  
Cell phone number: \_\_\_\_\_

\_\_\_\_\_ **Other:** \_\_\_\_\_  
\_\_\_\_\_

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**Do not write below this line – For office use only**

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\_\_\_\_\_ Employee Face Sheets – Amanda Lee

\_\_\_\_\_ Telephone List – Nichol Sutherland

\_\_\_\_\_ Payroll – PJ Goin