**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Job Title: |  |
| Department: |  | Date of Request: |  |

**Section 1: Personal Information Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Address: | Street Address. City. State. ZIP Code. | New Address: | Street Address. City. State. ZIP Code. |
| Current Phone Number: |  | New Phone Number: |  |
| Current Email Address: |  | New Email Address: |  |

**Section 2: Emergency Contact Information Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Emergency Contact: | Name: Relationship: Phone Number: Alternate Phone Number: | New Emergency Contact: | Name: Relationship: Phone Number: Alternate Phone Number: |

**Section 3: Employment Information Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Job Title: |  | New Job Title (if applicable): |  |
| Current Department: |  | New Department (if applicable): |  |
| Current Supervisor: |  | New Supervisor (if applicable): |  |
| Effective Date of Change: | |  | |

**Section 4: Compensation Information Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Salary/Hourly Rate: |  | New Salary/Hourly Rate (if applicable): |  |
| Current Pay Grade/Level: |  | New Pay Grade/Level (if applicable): |  |

**Section 5: Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Status (Full-time, Part-time, Temporary, etc.): |  | New Status (if applicable): |  |
| Current Work Schedule: |  | New Work Schedule (if applicable): |  |
| Other Changes (please specify): |  |  |  |

**Section 6: Reason for Change**

Reason for Change (please specify):

|  |
| --- |
|  |
|  |
|  |

**Section 7: Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

**For HR Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date: |  |
| Processed By: |  | Date: |  |
| Approved By: |  | Date: |  |

**Section 8: Comments**

Additional Comments:

|  |
| --- |
|  |
|  |

HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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