

THRIVAS

Employee Information Change Form

(This form is used for employee-initiated changes to personal and emergency contact information.)

Please complete the information below to make any changes or corrections. **Please note that name changes require a copy of your new Social Security Card and a new W-4 form.**

PLEASE PRINT CLEARLY

1. PRINT YOUR CURRENT NAME AND SOCIAL SECURITY NUMBER

Name (REQUIRED):

Social Security #

2. CHECK THE CHANGE(S) THAT APPLY

<input type="checkbox"/> Name	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Emergency Contact Name
<input type="checkbox"/> Social Security #	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Emergency Contact Phone
<input type="checkbox"/> Address	<input type="checkbox"/> Email	<input type="checkbox"/> Other: _____

3. PRINT YOUR NEW INFORMATION

4. SIGN AND DATE

Your signature is required to authorize all changes to your personal information.

Signature:
(REQUIRED)

Date: _____