



Veterans Medical Research Foundation Employee Data Change **CONFIDENTIAL**

EMPLOYEE NAME: _____

SSN: _____ - _____ - _____ **EFFECTIVE DATE OF THIS CHANGE:** _____

Directions: Complete the appropriate space to request a personal information change. You may be required to provide supporting documents. Note that failure to provide the supporting documents may delay your change request.

NAME CHANGE:

(Former Name) _____
Last
First
Middle

(New Name) _____
Last
First
Middle

NEW ADDRESS :

NEW HOME PHONE: () _____ - _____ **NEW CELLPHONE:** () _____ - _____

NEW MARITAL STATUS: ___ Single ___ Married

NEW EMAIL ADDRESS:

NEW EMERGENCY CONTACT INFO:

Name	Relationship
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NEW EMERGENCY CONTACT PHONE #S () _____ () _____

If you have a restraining order on anyone we would like you to make us aware of that order so that we may explore what confidential security measures are necessary to ensure your safety and that of others in the work place. Do you have a restraining order on anyone at this time?

(INITIAL) _____ YES _____ NO

If you are a VMRF core employee, may we include your birth month and day on our internal birthday list?

(INITIAL) _____ N/A _____ YES _____ NO

OTHER CHANGE: (describe here)

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE – HR USE ONLY

ENTERED INTO FW BY: _____ **DATE:** _____

FW ENTRY VERIFIED BY: _____ **DATE:** _____