



EMPLOYEE INFORMATION FORM

Please complete the following so that we may maintain our Human Resource database with the most up to date contact information. Name changes must be accompanied by copies of other documents such as marriage license, court documents or updated social security card. Please print legibly.

Effective Date:

Change Reason: *(circle one)*

New Hire

Address

Phone

Name

ER Contact

Last Name:	First & M.I.

Current Address <i>(Please include: Number, Street, City, State, Zip Code)</i>	
Summer Address <i>(Only if different from above)</i>	
Home Phone # <i>(Please include area code)</i>	
Cell Phone # <i>(Please include area code)</i>	
Home Email	

Emergency Contact Name	
Relationship	
Cell Phone #	

Employee Authorizing Signature

Date

(HR Use Only: Date Entered into Peoplewerks: _____ Munis: _____ Initials: _____)

Please complete this form and return to the MAC HR Dept. Thank you.