



CHANGE OF EMPLOYEE INFORMATION

Fax: 361.851.2931 or email
payroll@uniqueemployment.com

Client Name:

Effective Date:

Employee Name:

SS Number:

Personal Information Change (select)

Address Change

Emergency Contact Change

Name Change (attach copy of new SS card)

Marital Status Change

Phone Number Change

Other

From

To

Other Changes/Comments: _____

Supervisor's Signature

Date

Employee Signature

Date