

COMMUNITY ACTION of ORLEANS & GENESEE

409 East State Street

Albion, NY 14411

(585) 589-5605

CHANGE TO PERSONAL EMPLOYEE INFORMATION

Date _____

Effective Date: _____

HUMAN RESOURCES: Carol Berray – Head Start / Diane Bechteler – all others

Please change payroll records to reflect a change in:

Legal Name (Please attach a copy of documentation.) Address Telephone Number

Marriage Divorce

(The Benefits Administrator will review your file & advise you of any changes necessary)

Please complete, including updated information: Please Print

Employee's Name _____
Last First MI

Address _____

City _____ Zip _____ Home Telephone _____

Employee's Signature: _____
(Required)

Any other changes? Check appropriate boxes below. Forms will be sent to you.

- Emergency contact names & numbers
- Voluntary health information
- Federal Tax deductions
- State Tax deductions
- Tax Sheltered Annuity
- Flexible Spending Plan
- Supplemental Life Insurance
- Goodwill Fund Contribution
- Life Insurance Beneficiary (ies)
- Direct Deposit
- National Community Action Foundation Contribution

FISCAL USE ONLY -----	
_____ Principal Financial Group (TSA)	_____ Hartford Life Insurance
_____ Lincoln Life/ Short Term Disability	_____ Hartford Long Term Disability
_____ MVP	_____ Guardian
_____ EBS	