

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