



Human Resources Department  
1201 E. 8<sup>th</sup> Street  
Mission, TX 78572  
Phone: (956) 850-8630  
Fax: (956) 580-8605

### CHANGE OF PERSONAL INFORMATION

*Make updated changes and submit completed form to the Human Resources Department.*

Name: \_\_\_\_\_ Employee No. \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

### UPDATED INFORMATION

- \*New Name: \_\_\_\_\_  

<i>Last</i>	<i>First</i>	<i>Initial</i>
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- New Mailing Address: \_\_\_\_\_  

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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- New Physical Address: \_\_\_\_\_  

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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- New Phone Number: \_\_\_\_\_  

*(Area Code)*
  
- New Emergency Contact: \_\_\_\_\_  

<i>Name</i>	<i>Relationship</i>
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- New Emergency Contact Address: \_\_\_\_\_  

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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- \*New Marital Status:
  - Single
  - Married
  - Divorced
  - Widowed
  
- \*New Dependent Change(s)
  - Add: \_\_\_\_\_
  - Delete: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Benefits Dept: \_\_\_\_\_ Date: \_\_\_\_\_  
Payroll Department: \_\_\_\_\_ Date: \_\_\_\_\_

*\* NOTE: These changes require documentation to be provided in order for changes to be processed (social security card, marriage certificate, final divorce decree, etc.)*

2/05/2014