



Change of Personal Information - Employee

Human Resources Office, Whitehall Township

This form is to be completed when an employee wishes to update their personal information on file with Human Resources. The form should be submitted to Human Resources as promptly as possible to ensure records are maintained accurately for each employee.

Date Created:			
Employee Information			
Employee Name:			
Employee ID:			
Job Title:			
Department:			
Information to be Updated:			
Type:	Previous:	Change To:	<i>HR NOTES:</i>
Name:			An updated copy of employee's social security card must be submitted of proof of legal name change.
Address:			Please Complete Local Earned Income Tax-Residency Certification Form, if applicable.
Phone:			
Email:			
<p>I authorize the Whitehall Township Human Resources Office to update my information with the following services:</p> <p> <input type="checkbox"/> Payroll Software <input type="checkbox"/> Benecon (Health/Dental/Vision Coverage) <input type="checkbox"/> Newport 457 <input type="checkbox"/> PMRS </p> <p><u>HR NOTE: Employees enrolled in plans with Aflac (flexible spending and insurances, products) must contact Aflac directly in order to update this information. Please see Human Resources for contact information.</u></p>			

Employee Signature: _____

Date: ____/____/____

Human Resources Approval: _____

Date: ____/____/____