

Please identify the employee and employer requesting the update			
Employee Name:		Family as Staff	Yes No
Employer Name:		Dept #	
Please complete only the sections that apply			
Check All That Apply	Change Type	Data/Documentation Required for Change	Effective Date (Required)
	<b>Name</b>	Previous Legal Name: _____ New Legal Name: _____ <b>Note:</b> Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
	<b>Contact Info</b>	Address:                      Residence                      Mailing                      Both _____ _____ Phone: _____ Email: _____	
	<b>Service Code</b>	Service Code: _____ Add      Remove Service Code: _____ Add      Remove Service Code: _____ Add      Remove	
	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
	<b>Other</b>	Please specify: _____ _____	
By signing below, I have been notified of and agree to the changes being submitted.			
Employee Signature:		Date:	
Employer/Authorized Representative Signature:		Date:	