

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)
	Name	Previous Legal Name: _____ New Legal Name: _____ Note: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
	Contact Info	Address: Residence Mailing Both _____ _____ Phone: _____ Email: _____	
	Service Code	Service Code: _____ Add Remove Service Code: _____ Add Remove Service Code: _____ Add Remove	
	Pay Rate	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
	Other	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:	