

EMPLOYEE INFORMATION CHANGE FORM
(Please return this form to Human Resources or fax to 394-4446)

Use this form to change your name, address, phone number, and/or emergency contact information.

- **Complete only the areas that need to be changed.**
- To change your name, you must present your social security card indicating your new name. We cannot accept a copy of your social security card.
- If you change your name or address, you must complete a health insurance change form if you have health insurance with MCPS.
- If you change your name, you must complete a VRS-48 Request for Member Information Change form or you may log on to the VA Retirement System at www.varetire.org and make the change on myVRS Access.
- If you change your name or you need to change your tax exemptions, you must complete a new VA-4 and federal W-4 form for state and federal taxes.
- If you wish to drop a voluntary deduction, a letter or email from you stating the name of the deduction, amount of the deduction, and the payroll month it is to be discontinued must be submitted to the payroll/benefits office according to payroll cut-off and due dates.*
- To add a payroll deduction, appropriate paperwork must be completed and submitted to the payroll office in a timely manner (i.e. add dependent to health insurance, begin or change a TSA deduction, begin credit union, etc.).
- If you have questions, please contact the payroll office at 540.382.5100, ext. 1073, 1074, or 1075.

Name (full legal name) _____ **Munis ID** _____

Location _____

To change name:

Previous Name: _____

(Please print)

New Name: _____

(as listed on SS Card)

(Please print – you must present your “new” social security card – no copies accepted)

Marital Status: Single Married Separated Divorced Widowed

To change address or phone number:

New address: _____

(Mailing address; City/State/Zip)

Phone #: _____

(Primary telephone # - include area code)

(Optional alternate telephone # – include area code)

To change emergency contact:

Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone Number: _____ (include area code)

Employee's Signature _____

Date _____

*Cut-off dates are normally the last working day of the month. All changes to be made must be in the payroll office no later than 5:00 p.m. on the due date as listed on the cut-off date memo. Items received after 5:00 p.m. on the due date will be held until the next payroll processing period.