



Harris County Emergency Corps
 2800 Aldine Bender Rd., Houston, TX 77032
 (281) 449-3131 Phone ★ (281) 227-3335 Fax



Employee Change Form

Employee Name: _____

Type of change: *Please check all that apply.*

Address **Phone Number** **Marital Status** **Name Change** **Emergency Contact**

New Address: _____

City: _____ **State:** _____ **Zip:** _____

New Phone: _____

New Emergency Contact Name: _____

New Emergency Contact Phone: _____

New Emergency Contact Relationship: _____

THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 AND COPY OF LEGAL DOCUMENTION TO HR.

Marital Status: **Single** **Married** **Divorced** **Widowed**

Name Change: *This should be your name as it appears on your driver's license. You must submit a copy of new driver's license to HR in order for the change to be processed.*

If certified proof of name change must be submitted to TDSHS. Proof submitted:* **YES **NO**

Name: _____

New Legal Name: _____

Employee Signature: _____ **Date:** _____

Received by Human Resources: _____ **Date:** _____

Received by Finance: _____ **Date:** _____

Received by Clinical: _____ **Date:** _____

Received by Scheduling: _____ **Date:** _____

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