



## EMPLOYEE PERSONAL INFORMATION CHANGE FORM

ADD NEW INFORMATION ONLY, LEAVE THE FIELDS BLANK IF INFORMATION DID NOT CHANGE

YOUR NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_  
street number city state zip

NEW HOME PHONE: \_\_\_\_\_ NEW PERSONAL CELL PHONE: \_\_\_\_\_

NEW PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

Other New Personal Information:

*JANUS YOUTH WILL USE YOUR EMAIL ADDRESS FOR SOME COMPANY AND EMPLOYMENT RELATED NOTIFICATION.*

*If you changed your name, bring the new original Social Security card and an Picture ID to HR office.*

*If you changed your personal information lately, remember to update it with the benefit providers and in Paycom.*

*You must complete a new W-4 form if you want to change your income tax withholding status.*

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### NEW EMERGENCY CONTACT:

Emergency Contact Person: \_\_\_\_\_

Contact Number(s) for Emergency Contact #1: HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONTACT PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

FAX TO CONFIDENTIAL HR FAX NUMBER 503- 542-4623 OR EMAIL TO HR DEPT OR DROP OFF IN THE OFFICE