

Alice Tully Hall

New Hire Paperwork

RETURN THIS

Instructions:

- Anything bracketed in **RED** needs to be filled out
- Anything highlighted in **YELLOW** needs to be signed
- We need LEGIBLE copies of **either** of the following (or anything else you can complete an I-9 with):
 - Your **current** passport or passport card
 - Your **current** drivers license **AND** social security card
- Please fill in a correct mailing address, there is a good chance your check will be mailed to whatever address you fill in! (This includes your vacation check)!

**y of your COVID-19 vaccination card to
ort@LincolnCenter.org**

NEW HIRE PAYROLL NOTICE

From: _____

Date: _____

For People Team Use Only:
Payroll Home Dept. 440311
Employee File No.: _____

SECTION A – Reason for Payroll Notice

☐ New Hire ☐ Rehire

Effective Date: _____

SECTION B – TO BE FILLED OUT BY EMPLOYEE

Name: _____ Gender: ☐ Male ☐ Female ☐ Not Specified

SS#: _____ Date of Birth: _____ Marital Status: _____

Full Address: _____ Apt. _____ City _____ State _____ Zip Code _____

Phone #: _____

SECTION C – TO BE FILLED OUT BY PEOPLE SUPPORT

Job Title: _____

Reports to: _____ Business Unit: _____

Pay Rate: \$ _____ per _____ FLSA Status: ☒ Non-Exempt ☐ Exempt

Department Allocation Code to Charge: _____

Worker Category: ☐ Regular ☐ Temporary If temporary, projected end date: _____

If temporary, type of appointment: ☐ Intern ☒ Intermittent, substitute, extra or fill-in ☐ Seasonal

☐ Other _____

Work Schedule: ☐ Full Time # hrs/wk _____ ☐ Part Time # hrs/wk _____

Union Affiliation: ☐ No ☒ Yes _____

Eligible for Admin. Staff Benefits: ☐ Yes ☒ No

Management / Supervisory Role: ☐ Yes ☒ No

Comments / Special Instructions:

See rate sheet for additional rates

SECTION D - Signatures:

Business Unit Head: _____
Signature _____ Date _____

People Team: _____
Signature _____ Date _____

Payroll: _____
Signature _____ Date _____

*** Failure to complete all applicable sections will result in delay of processing. ***

**Notice and Acknowledgment of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Non-Exempt Employees**

Lincoln Center for the Performing Arts, Inc.
70 Lincoln Center Plaza
New York, NY 10023
(212) 875-5000

Date:

Employee Name:

Employee Department:

Notice Given:

- ☒ At Hiring
☐ Before a change in pay rate(s), allowances claimed or payday

Employee's pay rate: \$ _____ per _____

Allowances taken: None

Regular Payday: Thursday

Pay Frequency:

- ☒ Weekly
☐ Bi-weekly
☐ Other: _____

Overtime Pay Rate: \$ _____ per hour (This must be at least 1 ½ times the worker's rate of pay with a few exceptions.)

Employee acknowledgement:

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances and designated payday. I told my employer what my primary language is.

Check one:

- ☒ I have been given this form in English because it is my primary language.
☐ My primary language is _____. I have been given this form in both my primary language and in English.

Employee signature: _____ **Date:** _____

Preparer Name: _____ **Preparer Title:** _____

Preparer Signature: _____

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

**WAGE RATES FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS WITH
LOCAL ONE - AS OF 9/1/2023**

Regular Stagehands (Basic Crew) in David Geffen Hall and Alice Tully Hall	Current Rate (eff. 9/1/23)	Plaza Event Rates - *Agreed to per event	Current Rate
Regular Rate	\$61.49	Head Regular Rate	\$51.00
Time and One-Half	\$92.24	Time and One-Half	\$76.50
Double Time	\$122.98	High Rigger	\$53.00
Sunday/Sixth Day* Basic crew called on an extra basis to work a performance	\$533.12	Time and One-Half	\$79.50
Any Other Day Basic crew called on an extra basis to work a performance	\$351.77	Gen. Service Techs, Video Prgmrs./Ops., Moving Light Prgmrs., & Show Mixers	\$58.50
<i>*On a Sunday or on a basic employee's sixth day, i.e. in replacement of a member of the basic crew in the work week Monday to Saturday</i>		Time and One-Half	\$87.75
Extra Stagehands in David Geffen Hall and Alice Tully Hall	Current Rate (eff. 9/1/23)	Video IT Utilities, Riggers, Lift Ops., Extra Techs., Carpenters, Props, Electrics/Lighting, Sound, etc.	\$46.00
Regular Rate	\$63.61	Time and One-Half	\$69.00
Time and One-Half	\$95.42	Summer for the City 2023	Current Rate
After Midnight Rate	\$118.09	Head Regular Rate	\$49.25
Sunday Hourly Rate	\$77.52	Time and One-Half	\$73.88
Performance Rate on Sunday/Holiday	\$533.12	High Rigger	\$48.50
Performance Rate on Any Other Day	\$351.77	Time and One-Half	\$72.75
Electrical Maintenance in David Geffen Hall	Current Rate (eff. 9/1/23)	Gen. Service Techs, Video Prgmrs./Ops., Moving Light Prgmrs., & Show Mixers	\$53.50
Chief Rate	\$44.90	Time and One-Half	\$80.25
Chief OT	\$67.34	Video IT Utilities, Riggers, Lift Ops., Extra Techs., Carpenters, Props, Electrics/Lighting, Sound, etc.	\$44.00
Chief DT	\$89.79	Time and One-Half	\$66.00
Ancillary/Maintenance Extra Regular Rate	\$36.50		
Ancillary/Maintenance Crew OT Rate	\$54.75		
Ancillary/Maintenance Crew DT Rate	\$73.00		
David Rubenstein Atrium - Hourly Rates - All other work	Current Rate (eff. 12/1/2021)		
Head Regular Rate	\$43.37		
Head Time and One-Half	\$65.06		
Assistant Regular Rate	\$40.94		
Assistant Time and One-Half	\$61.41		
Extra Regular Rate	\$36.65		
Extra Time and One-Half	\$54.98		

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withheld at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.					
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				1	
2 Total number of allowances for New York City (from line 31, if using worksheet)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.nys.gov (search: *IT-2104-I*) or scan the QR code below.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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Scan here

<https://www.tax.ny.gov/r/it2104i-2023>



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C			
Document Title 1								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
Document Title 2 (if any)		Additional Information						
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.						
Document Number (if any)								
Expiration Date (if any)								
Document Title 3 (if any)								
Issuing Authority								
Document Number (if any)								
Expiration Date (if any)								
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.						First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative						Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name						Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



CHECK-OFF AUTHORIZATION

Lincoln Center for the Performing Arts

EMPLOYER NAME _____

Effective immediately, the undersigned assigns to Theatrical Protective Union Local No. One, I.A.T.S.E. ("Union"), four percent (4%) of all wages earned and to be earned by him/her as an employee and authorizes and directs his/her employer to deduct such percentage from his/her wages and remit same to said Union. This assignment shall be irrevocable for a period equal to the earlier of one (1) year from execution or termination of the applicable collective bargaining agreement. This assignment shall be automatically renewed with the same irrevocability for successive like periods unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to the expiration of any such period.

In signing this check-off authorization, I do so voluntarily, knowing that it is not a condition of employment and intending that the amounts deducted and remitted to the Union in accordance herewith be on account of membership dues therein, or, if not a member of the Union, in payment of the same percentage of earnings as members of said Union pay to help defray the cost of operating said Union.

I.R.S. Notice 88-120: Contribution or gifts to Theatrical Protective Union Local No. One, I.A.T.S.E. are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Print Name _____

Address _____

Signature _____

City _____

SS# _____

State _____ Zip _____

Date _____



EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information

1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA)

Lincoln Center for the Performing Arts, Inc.

2. ADDRESS

70 Lincoln Center Plaza

4. EMPLOYER FEIN

13-1847137

3. CITY, STATE and ZIP CODE

New York, NY 10023

5. TELEPHONE NUMBER

212-875-5300

Employee Information

6. EMPLOYEE NAME

7. HOME ADDRESS

8. CITY, STATE and ZIP CODE

9. TELEPHONE NUMBER

Employment Information

10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)

12. IS THIS JOB TEMPORARY?

☐ YES ☐ NO

11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)

IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?

Employee Affirmation

1. I would like to waive paid family leave coverage at this time because (select one):

- ☐ I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer.
☐ I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.

2. I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week but at least 175 days in a 52 consecutive week period (1 year).

3. I understand that this waiver is **OPTIONAL AND REVOCABLE**.

- (a) My employer may not force me to opt out of paid family leave benefits.
(b) I may decide later to revoke this waiver even if my schedule does not change.

4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.

Certification

I certify to the best of my knowledge the foregoing statements are complete and true.

Employer's Signature: _____

Date Signed: _____

Employee's Signature: _____

Date Signed: _____

Please note: Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

Acknowledgement

I acknowledge that I have received a copy of Lincoln Center's Equal Employment and Harassment Prevention Policy (which includes complaint procedures for reporting discrimination, harassment and retaliation). I have read and understand this policy.

I understand that any violation of this policy may lead to disciplinary action, up to and including termination of employment, as appropriate.

Signature

Date

Please print your full name



EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Lincoln Center for the Performing Arts, Inc. is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. Accordingly, we ask that you provide information about your gender, race and ethnicity by completing the form below and returning it to the People Team.

Disclosure is voluntary. If you choose not to disclose, you must check the box to indicate that you have reviewed the form and have elected not to disclose. Your decision on the provision of this information will not subject you to either adverse or favorable treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Regardless of whether or not you choose to disclose, this form must be returned to the People Team.

First Name: _____ Last Name: _____ Date: _____

Department: Performance and Campus Operations Job Title: Extra Stagehand

Gender: ☐ Male ☐ Female If you choose not to disclose your gender, please check this box ☐

Signature: _____

RACE AND ETHNICITY

A. ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race

B. ☐ **Not Hispanic or Latino**

☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa

☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands

☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, South Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races

If you choose not to disclose your ethnicity, please check this box ☐

Lincoln Center

TO: New Lincoln Center Employees
FROM: Human Resources
SUBJECT: Acknowledgement of Required Notices for Personnel File

Please sign your acknowledgement below confirming you have received, and will read each of the legally required notices listed below. Each of these notices must be given to all Lincoln Center employees at the time of hire, in accordance with Federal, State and City laws.

Please print your name: _____

1. Notice of Health Insurance Marketplace

Signature

Date

2. New York Earned Safe and Sick Time Act

Signature

Date

Lincoln Center

EMPLOYEE PERSONAL CONTACT and EMERGENCY INFORMATION

Name (Last, First):

Position:

Extra Stagehand

Department:

Performance and Campus Operations

PERSONAL CONTACT INFORMATION

Street Address:

City, State, Zip:

Home Number:

Mobile Number:

Email:

EMERGENCY CONTACT

Name (Last, First)

Relationship:

Street Address:

City, State, Zip:

Telephone Number (1):

Telephone Number (2):

DATE:

****Please Note:*** All employees must complete new tax forms whenever submitting a change of address. Please see an HR or Payroll representative for the necessary forms.