

# **CHANGE OF EMPLOYEE STATUS FORM**

In the event of an **ADDRESS, NAME, EMAIL, OR PHONE CHANGE**,  
please complete **ALL** of the information requested below.

DATE: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ BUILDING: \_\_\_\_\_

EMP NAME: \_\_\_\_\_ NAME CHANGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME TELEPHONE NUMBER INCLUDING AREA CODE: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

CELL TELEPHONE NUMBER INCLUDING AREA CODE: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_

**All PA residents must fill out a “Residency Certification Form” if a change of address is noted.**

***SEND COMPLETED FORM DIRECTLY TO PERSONNEL DEPARTMENT.***

If you are a credit union member, an additional form must be completed to change information.

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