



CITY OF JONESBORO

300 South Church Street – Suite 100 – Jonesboro, AR 72401

Employee Change Form

Employee Name: _____

Today's Date: _____

Social Security Number: _____

Effective Date: _____

TYPE OF CHANGE

Please check all that apply.

Address

Marital Status

Phone Number

Emergency Contact

Name Change

Please see below for additional documentation that must be submitted with your request.
Please print clearly.

Address: _____

City: State: ZIP: _____

Phone: () _____

Emergency Contact Name: _____

Emergency Contact Phone: () _____

Emergency Contact Relationship: _____

THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A **NEW W-4 AND COPY OF THE LEGAL DOCUMENTATION** WITH THIS CHANGE REQUEST FORM.

Marital Status: Single Married Widowed Divorced

Name Change:

This should be your name as it appears on your Social Security card. You must also include a copy of your NEW Social Security card with this request in order for the change to be processed.

Original Name:

New Legal Name:

Employee Signature: _____

Date: _____