



Change of Employee Information

Fax to UniqueHR Human Resources at 1-866-606-7779

Client Name: _____ Effective Date: _____

Employee Name: _____ SS Number: _____

Personal Information Change (check reason):

- Address Change, Emergency Contact Change, Name Change, Marital Status Change, Phone Number Change, Other

From _____ To _____

Other Changes/Comments: _____

Supervisor's Signature Date Employee Signature Date