

WASHINGTON COUNTY
EMPLOYEE INFORMATION CHANGE FORM

Please complete this form when you change your name, address or phone number. Please return this form to Amy Beasley in the Finance Office as soon as your change occurs to ensure that Washington County employee records are accurate and that your benefits and insurance records are accurate.

Social Security Number _____

If name change:

Previous Name _____

New Name _____

If address change:

Previous Address _____

New Address _____

If phone number change:

Previous Phone Number _____

New Phone Number _____

Date: _____

Employee Signature: _____