

Name/Address Change and Emergency Information

Use this form to change your name, address, or emergency contact information. Give a copy of this completed form to your supervisor, and send the original to:

**Human Resources, MS 48005
PO Box 6007
Olympia, WA 98507-6007**

PRINT or TYPE Name (<i>Last, First, Middle initial</i>)		(Area code) Work telephone number
Division	Section	Supervisor

Name or address change

Previous name	New name
New street address (<i>Address, City, State, ZIP code</i>)	(Area code) New home telephone number
New mailing address, if different (<i>Address, City, State, ZIP code</i>)	
Current county of residence	Effective date of the name or address change

Important: Please complete the following section, as this form will replace the information that is currently on file.

Notify the following person(s) in case of an emergency

Name		
Relationship	(Area code) Work telephone number	(Area code) Personal telephone number
Address (<i>Address, City, State, ZIP code</i>)		
Name		
Relationship	(Area code) Work telephone number	(Area code) Personal telephone number
Address (<i>Address, City, State, ZIP code</i>)		
Physician's name	(Area code) Telephone number	
Hospital preference	Medical plan	

During an emergency evacuation, will you need assistance? Yes No

If "Yes", please explain: _____

Please notify your supervisor if you need assistance.

X

Employee signature

Date