



# MY HR PROS

Email to: [receptionist@myhrpros.com](mailto:receptionist@myhrpros.com) or Fax to: (844) 224-0294

## Employee Information Change Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Client Company Name

\_\_\_\_\_  
Effective Date of Change

*Please Show the CHANGED Information Below:*

☐ If Address/Phone Number Change:

New Street Address: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

☐ Name Change: *(Please attach new W-4 and Copy of new Social Security Card)*

Marital Status Change: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Previous Last Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_

Dependent Change: \_\_\_\_\_

Additional Comments/Other Change(s):

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date