



Employee Change Form

Name: _____

Effective Date: _____

Check which applies to you. Please sign and date this sheet and email it to **Bonnie Saddington in Human Resources**.

Address Change

If you moved recently, please provide us with your old and new address and new home phone number.

Old Address:

New Address:

Phone Number:

Direct Deposit Change If you changed bank accounts, please click this link to fill out a [Direct Deposit Form](#).

Tax Change

If you are changing your **federal** taxes, please complete a new [Federal W-4](#).

If you are changing your state taxes and live in **Georgia**, please complete a new [GA W-4](#).

If you are changing your state taxes and live in **New Jersey**, please complete a new [NJ W-4](#).

If you are changing your state taxes and live in **Delaware**, please complete a new [DE W-4](#).

If you are changing your state taxes and live in **New York**, please complete a new [NY W-4](#).

Name Change Former Name: _____ New Legal Name: _____

Please provide Bonnie Saddington with **full proof of name change when submitting this form:**

Social Security Card **AND** Marriage License or Divorce Degree

Add Dependent Child **OR** **Remove Dependent Child**

Please provide Bonnie Saddington **with the following when submitting this form:** Social Security Card **AND** Birth Certificate

Child's Name (First, Middle, Last): _____ Date of Birth: _____ Gender (M/F): _____

Relationship to Child: _____

Please select which benefit(s) you would like to add to/remove your dependent child from: Medical Dental Vision

Employee Signature: _____ Date: _____

If there are any other life qualifying events that require a change to your employee profile, please contact Bonnie Saddington in Human Resources.