



PERSONAL INFORMATION CHANGE FORM

INSTRUCTIONS:

Enter your employee number and full name. Enter information to be changed in appropriate areas. Submit a copy of legal papers pertaining to any name changes. Sign and date form at bottom of page and forward to:

Human Resources Information Systems, Room 208, 180 Boyden Ave, Maplewood, NJ 07040

EMPLOYEE NO. 0 0 0 0 0	MGMT. CENTER	LOCATION	JOB TITLE
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EMPLOYEE IDENTIFICATION

EMPLOYEE NAME			
FIRST	M	LAST	
ADDRESS (Number, Street)			
PO BOX/APT NO/SUITE			
CITY	STATE	ZIP	
HOME TELEPHONE NO. AREA	BUSINESS PHONE. AREA	CELLULAR PHONE. AREA	EMPLOYEE BIRTH DATE(mm/dd/yy)

- | | |
|----|--------------------------------------|
| MS | MARITAL STATUS |
| | 1 - Single 4 - Divorced |
| | 2 - Married 5 - Widowed |
| | 3 - Separated 6 - Domestic Partner |

EMERGENCY CONTACT (H4A01)

EMERGENCY LAST NAME		EMERGENCY FIRST NAME	
ADDRESS (Number, Street)			
PO BOX/APT NO/SUITE			
CITY	STATE	ZIP	
EMERGENCY TELEPHONE NO. AREA			

REL	CODE FOR RELATIONSHIP
	W - Wife J - Grandmother U - Uncle
	H - Husband K - Grandfather C - Niece
	S - Son Y - Grandson P - Nephew
	D - Daughter Z - Granddaughter I - Cousin
	F - Father B - Brother X - Friend
	M - Mother T - Sister R - Other Relative
	E - Domestic Partner A - Aunt O - Other

SPOUSE/DOMESTIC INFORMATION (H48U1)

SPOUSE/DOMESTIC PARTNER NAME			
FIRST	M	LAST	
SPOUSE/DOMESTIC PART. BIRTH DATE(mm/dd/yy)			
SPOUSE/DOMESTIC PARTNER MAIDEN NAME			
MS			
MARITAL STATUS			
1 - Single 4 - Divorced			
2 - Married 5 - Widowed			
3 - Separated 6 - Domestic Partner			

Employee Signature _____ Date _____