

	New Enterprise Stone & Lime Co., Inc. Employee Information Update Form	FOR OFFICE USE ONLY _____ / _____ Date Initials
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EMPLOYEE INFORMATION

Employee Name: _____

Employee #: _____ Effective Date: _____

Please use this form if you have an address and/or telephone number change. Complete the appropriate section below and send the completed form to the HR Department at the Corporate Office. It is imperative that this information is reported and updated as soon as possible. Thank you for your cooperation.

Address & Telephone Number Change

Street Address or P.O. Box:		
City, State & Zip Code + 4:		
County:		
City, Boro or Township:		
Name of School District:		
Telephone Number (include area code):	()	-

Change of Name

If your name has changed due to a change in marital status or other please be sure to fill out a **SS5 - Social Security Card Replacement Form** and return to the Social Security Administration. Once you receive a letter from Social Security or a new Social Security card please forward a copy of it to the Human Resources Department so your records can be updated. Your name change will only be recorded if you can show official documentation from the Social Security Administration.

Attach additional documents when necessary.
<u>Authorization</u>
Employee Signature: _____
Date: _____

For high priority items you may fax a copy of this completed form to the HR Department at (814) 766-0280. The original form must be mailed to the HR Department for permanent filing when completed.

Revision Date: _____/_____/_____