

EMPLOYEE INFORMATION UPDATE FORM

RESTAURANT: _____

NAME: _____

CHECK ALL THAT APPLY:

ADDRESS CHANGE PHONE CHANGE NAME CHANGE

NEW NAME: _____
(please attach a copy of new Social Security Card & government-issued ID)

NEW ADDRESS: _____

CITY	STATE	ZIP
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NEW PHONE #: _____

SIGN: _____ DATE: _____
(MM/DD/YYYY)

[OFFICE USE]
DATE RECEIVED: _____ (MM/DD/YYYY)