

# ClearDay

## Healthcare Staffing

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### Employee Information Change Form (Supply ONLY the changed information, and please print clearly.)

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

Please make the following changes to my employee records:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Number(s): \_\_\_\_\_

#### FORM REQUEST:

➤ REQUEST FOR CHANGE IN DIRECT DEPOSIT FORM:

- CANCEL  
 ACTIVATE

➤ REQUEST FOR CHANGE OF EXEMPTION FORMS:

- STATE IDENTIFY STATE \_\_\_\_\_  
 FEDERAL

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Updated March 11, 2011