

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