CHANGE OF PERSONAL DATA

DATE: _____

CURRENT INFORMATION:

NAME: _____

EMPLOYEE ID #: _____

WORK LOCATION: _____

WORK PHONE #: _____

EMPLOYMENT STATUS: FT _____ PT _____ FLX _____

PLEASE CHANGE THE FOLLOWING IN MY OFFICIAL PERSONNEL FILE (OPF):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: NAME: _____RELATION:_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

CHANGE OF MARITAL STATUS: ( ) MARRIED ( ) SINGLE

( ) MILITARY ( ) DEPENDENT

( ) DEPENDENT OF RETIRED MILITARY

( ) CIVILIAN

I AM IN MCCS MEDICAL/DENTAL: YES _____ NO _____ (Please check one)

SIGNATURE: _____

*** PLEASE COMPLETE THIS FORM AND SEND TO THE NONAPPROPRIATED FUND HUMAN RESOURCES OFFICE.