



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: _____

(If changing name, please provide copy of marriage certificate or divorce decree)

CURRENT HOME ADDRESS:

MAILING ADDRESS (if different from home address):

CELL PHONE NUMBER: _____ HOME PHONE NUMBER: _____

HOME EMAIL ADDRESS: _____ WORK EMAIL ADDRESS: _____

EMERGENCY CONTACT: NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

CHANGE OF BENEFICIARY: () YES () NO *Please pick up new form from Benefits office*

CHANGE OF MARITAL STATUS: () MARRIED () SINGLE () DIVORCED () WIDOWED
Please provide proof for change in status (Marriage Certificate, Divorce Decree, Death Certificate)

CHANGE OF MILITARY STATUS: () ACTIVE DUTY MILITARY () RETIRED MILITARY
() FAMILY MEMBER OF ACTIVE DUTY () FAMILY MEMBER OF RETIRED MILITARY
() CIVILIAN () MILITARY RESERVIST

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.