

Staff Change of Information Form

PLEASE FILL IN THE FOLLOWING INFORMATION

LEGAL NAME: _____

FORMER LEGAL NAME: _____

(If applicable)

*** If you have had your legal name changed, you must provide RMC and DCJS with proof of name change (court order, marriage certificate, divorce decree, etc.), an updated Social Security Card and updated Driver's License. ***

EMAIL: _____ **Is this a change? YES / NO**

PHONE (home): _____ **Is this a change? YES / NO**

PHONE (cell): _____ **Is this a change? YES / NO**

PHONE (other): _____ **Is this a change? YES / NO**

ADDRESS: _____
_____ **Is this a change? YES / NO**

NAME OF EMERGENCY CONTACT: _____

Phone #: _____ **Relationship:** _____

Is this a change? YES / NO

DATE OF CHANGE: _____

SIGNATURE: _____

Area Admin: _____
Payroll: _____
HR: _____

**TO SUBMIT THIS FORM, FAX TO (804)353-7626
OR EMAIL TO HR@RMCEvents.com**