

IREDELL COUNTY

REPORT OF PERSONAL INFORMATION CHANGE

Employee Name _____ Emp Number _____
Department _____ Pos # _____

NAME CHANGE TO: _____

MARITAL STATUS CHANGE FROM _____ **TO** _____

CHANGE ADDRESS TO: _____

CHANGE TELEPHONE NUMBER TO: _____

EFFECTIVE DATE: _____

Signed: _____ Date: _____

Date Received in HR _____
Change made by _____
Date Change made _____