

# Whitman County

## Change of Name, Address, Phone, or Emergency Contact

Return to Human Resources  
400 N. Main Colfax, WA 99111



**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE DEPARTMENT:** \_\_\_\_\_

**NAME CHANGE:**

NEW NAME: \_\_\_\_\_

**ADDRESS CHANGE:**

OLD ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PHONE NUMBER CHANGE:**

NEW PHONE NUMBER: \_\_\_\_\_

**EMERGENCY CONTACT:**

**CONTACT 1:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**CONTACT 2:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**CONTACT 3:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CHANGED AND LISTED ABOVE IS CORRECT AND CURRENT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Human Resources Use Only:**

New World  SIMON  IETT  Admin  Master

**Received:  
Initials:**