



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HUNTERDON COUNTY YMCA CHANGE OF PERSONAL INFORMATION*

Employee Name: _____

Department: _____ Social Security # _____

Please change the following information in my personnel file:

New Name: _____

(Please attach a copy of the document legally allowing name change i.e. marriage certificate, court document, etc.)

New Address: _____
Street

City, State, Zip

New Phone Number: (_____) _____

New Emergency Contact: _____
Name

Relationship (_____) Phone Number

Requested By: _____
Employee Signature Effective Date of Change

*Please complete form and return to Human Resources, or your supervisor.