
# PERSONAL INFORMATION/EMERGENCY CONTACT FORM

**Please complete this form in its entirety to ensure accuracy of personnel records**

|  |  |  |
| --- | --- | --- |
| **Effective Date:**  |       | Form Type: [ ]  **Original** [ ]  **Change** |
|  | Employment Status:[ ]  **Classified** **[ ]  Wage** |

|  |  |  |
| --- | --- | --- |
| **PERSONAL INFORMATION:**  | Employee ID #: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |       |   |     |

 Last First M.I. Suffix

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New Name\*: |       |       |   |     |

 Last First M.I. Suffix

\**Name changes require an updated social security card and a completed VRS-48 form.*

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address:  |       | Home #:  | (   )    -     |
|  |       |    |       | Work #:  | (   )    -     |
|   | City | State | Zip | Cell #:  | (   )    -     |

**EMERGENCY CONTACTS:** In the event of an emergency, please contact the following person(s):

Primary Contact (complete FULLY): Secondary Contact (optional):

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Name:  |       |
| Address1: |       | Home Phone:  | (   )    -     |
| Address2: |       | Work Phone:  | (   )    -     |
| City, State, Zip: |       | Relationship:  |       |
| Home Phone:  | (   )    -     |  |  |
| Work Phone:  | (   )    -     |  |  |
| Relationship:  |       |  |  |

|  |  |
| --- | --- |
| Special medical instructions (optional):  |       |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Signature*** |       |  | ***Date***  |       |

 \*This form allows for electronic signature\*

Send completed forms to Bente Clatchey in Human Resources via:

Fax: (804) 786-3626;

Email: bente.clatchey@tax.virginia.gov; or

Mail: 600 East Main Street, 23rd Floor, Richmond, VA 23219.