

# 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](mailto:bente.clatchey@tax.virginia.gov); or

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