

**EXCALIBUR WELL SERVICES CORPORATION**

**CHANGE IN EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
(Please Print)

**CHANGE IN RESIDENCE AND/OR PHONE NUMBER**

**New Information**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**CHANGE IN MARITAL STATUS AND/OR NAME**

**New Information**

Marital Status: \_\_\_\_\_

Last Name: \_\_\_\_\_

\* Payroll Department must receive a copy of the social security card with the new name to change company records.

**For payroll use only:**

*Rec'd S.S. card on:* \_\_\_\_\_

*Name on Card:* \_\_\_\_\_

**CHANGE IN EMERGENCY NOTIFICATION INFORMATION**

**New Information**

In case of emergency please notify: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home or work phone: \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**RETURN TO THE HUMAN RESOURCES DEPARTMENT**