

Community Connection of Northeast Oregon, Inc.

Personnel Update Request

Please enter the following change(s) in my personnel record.

EMPLOYEE NAME _____ EFFECTIVE DATE _____

SOCIAL SECURITY # _____

PLEASE CHANGE MY:

ADDRESS _____

CONTACT INFORMATION _____

OTHER: (Please Identify) _____

CURRENT INFORMATION: _____

NEW INFORMATION: _____

COMMENTS _____

Note: I understand that a copy of the change that I have requested will be placed in my personnel file.

Employee Signature

Date