

Employee Change of Information Form

HUMAN RESOURCES 201 Laurel Avenue Tillamook, Oregon 97141 (503) 842-3418 TTY/TDD 1(800) 833-3232

TILLAMOOK COUNTY

Please complete all fields and email to rjolly@co.tillamook.or.us

Employee Information						
Employee Name:						
Mailing Address:						
City:			State:		Zip:	
Residence Address:						
City:			State:	State: Zip:		
Primary Phone:	Secondary Phone:					
Personal Email:						
Emergency Contact						
Name:						
Address:						
Primary Phone:		Phone:				
Relationship:						
Marital Status Change						
[] Single [] Married [] Widowed [] Divorced						
Name Change Instructions						
Please include of a copy of your Social Security card. Name changes must be as it appears on your Social Security card.						
Original Name: New Legal Nam			e:			
You will need to update information with the following providers, as we cannot:						
HRA VEBA	www.hraveba.c		(888) 659-8828			
AFLAC	robert_wheelei		(503) 949-5451			
(Teamsters Only) OTET Medical Benefits www.wcearhart.com				(877) 396-4612		
Employee Signature:			Date:			
For Office Use: [] Payroll [] Access [] Personnel File						