



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PERSONAL INFORMATION/EMERGENCY CONTACTS

New Employee Name Change**

Changed Information*

All completed fields below will supersede any previous information
(Address, Personal Profile, Emergency Contacts, Driver License Data)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Name Change Effective Date	Previous Last Name, First Name <i>(For Name Changes Only)</i>	

ADDRESS

Home Address	City	State	Zip Code
<input type="checkbox"/> Same As Above	Mailing Address	City	State
		State	Zip Code

PERSONAL PROFILE

Home Phone	Personal Phone	Email Address
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status (Select Only One) <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Marital Change Effective Date

ELIGIBILITY/IDENTITY

Date of Birth	Ethnic Group (Select One Only)				
	American Indian	Pacific Islander	Asian	White	Black
	Hispanic	Two or More Races	N/A		

EMERGENCY CONTACTS

PRIMARY	Name	Relationship		Telephone	
	Home Address	City	State	Zip	Other Number
SECONDARY	Name	Relationship		Telephone	
	Home Address	City	State	Zip	Other Number

DRIVER LICENSE DATA

Driver's License Number	Expiration Date	State
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Employee Signature	Effective Date	Date
Payroll Specialist (Print & Sign)	Department	Telephone
		Date

DISTRIBUTION: Original - EMACS HR (0030) (For New Employee or Name Change)

*Original - Department (if Change Information keyed by Department)

**Documentation is required (e.g., Updated Social Security Card, Certificate of Marriage, Divorce Decree or Court Documentation)

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

EMACS-HR Keyed By/Date <small>(Employee ID)</small>	EMACS-HR Audited By/Date <small>(Employee ID)</small>
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