

## White Earth Reservation Business Committee

**Employee Change Form** 

This Form will be routed Payroll	d by HR to the following de Accounts Payable	partments:  Benefits/HR		
Employee Name:			Date:	
Badge Number:				
Position		Department _		
	dress:			
hysical Address Chan	ge:			
treet			Apt	
City	State		Zip	
<b>Mailing Address Chang</b>				
treet			Apt	_
ity	State		Zip	
hone Number Change:				
ome Phone: ()				
ame Change: (Must At	ttach: Social Security Care	d, Name Change I	Oocuments &	update Tax Forms.)
revious First	Middle	Last		
ew First	Middle	Last		
aployee Signature				Date
R Personnel/Title				Date