



DALLAS COUNTY EMPLOYEE CHANGE NOTICE FORM

Please return to Human Resources at 902 Court Street

Employee Name (currently on file): _____

Check the appropriate box(es) reflecting a change:

NAME CHANGE

Change Name to: _____

Please Note: All name changes must have a copy of the supporting documentation attached. (e.g. marriage certificate, divorce decree, etc.)

ADDRESS CHANGE

New Address: _____

Additional Address Line: _____

City: _____ State: _____ Zip: _____

PHONE NUMBER(S) CHANGE

Telephone Numbers: Cell: _____

Home: _____

EMAIL ADDRESS CHANGE

New Email Address: _____

EMERGENCY CONTACT CHANGE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to Employee: _____

(If there are more emergency contacts you would like to list, please fill out the Emergency Notification Form.)

Effective Date of Change: _____

Signature _____ Date: _____

Current Personal Email: _____

Department: _____