



WCT EMPLOYEE INFORMATION CHANGE:

EMPLOYEE NAME: _____

PLEASE CHECK THE FOLLOWING OPTION THAT YOU WISH TO CHANGE:

NAME CHANGE

ADDRESS CHANGE

NAME CHANGE

Current Name:	
Former Name:	
SSN:	

ADDRESS CHANGE

New Address:	
SSN:	

Employee Signature

Date

****Please attach proof of legal name change****

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25 CORPORATE PARK DRIVE
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(845) 298-5000 x 40115
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Received _____