

## Employee Change Form

Human Resources Office  
2011 Mottman Road SW  
Olympia, WA 98512

*Directions: Complete form, print, sign and return to Human Resources Office.*

### Employee Information (\* Required Fields)

Employee Name: \*

ctcLink ID: \*

Personal Email: \*

Name Change:  **Yes\*\***  **No** Previous Name:

Home Phone: \*

Cell Phone: \*

\*\* Please present the new identification from your name change to the Human Resources Office.

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### Emergency Contact

Name:

Relation:

Phone Number:

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### Home Changes

*Mailing Address:*

Address:

City:

State:

Zip:

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**Employee Signature**

**Date**

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For HR/Benefits/Payroll Use Only:

ctcLink  HCA  DRS / TIAA  VEBA  Personnel File