



JP LOGISTICS & CONSULTING, LLC

SDVOSB | VOSB | SDB | MBE | DBE | SWaM | CVE Certified | SBA Certified
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EMPLOYEE INFORMATION CHANGE FORM

Name: _____

Work Location: _____ Job Title: _____

Email Address: _____

Effective Date: _____

Change My Address:

Street Address: _____ Apt./Unit#: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Change My Marital Status: *Additional documentation is required

Married* Separated Divorced* Widowed * Single

Change My Name: Submit a copy of an official document (driver's license, birth certificate, passport, marriage license, professional registration certificate) that confirms the new name.

Last Name: _____ First Name: _____

Change My Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell/Work: _____

Employee Signature: _____