

EMPLOYEE INFORMATION CHANGE FORM

Employee Name: (Last) _____ (First) _____ (MI) _____		
Clock No.:	Home phone: _____	Effective Date: _____
I want/need to change my Personal Information as follows (please print): Check the box(es) on the left that apply to the change(s)		
<input type="checkbox"/> Name *	New Name: _____ (Last) _____ (First) _____ (MI) _____	
<input type="checkbox"/> Address	New Address: _____ (Address No. & Street) _____ (City) _____ (State) _____ (Zip) _____ (County)	
<input type="checkbox"/> Home Phone Number <input type="checkbox"/> Cell Phone Number	New Home Phone Number: _____ New Cell Phone Number: _____	
<input type="checkbox"/> Emergency Contact #1 <input type="checkbox"/> Emergency Contact #2	New Emergency Contact Information: (Last) _____ (First) _____ (Day Phone) _____ (Cell Phone) _____ (Relationship) _____	
<input type="checkbox"/> Marital Status *	New Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Educational Information	Degree Type: _____ College/University: _____ Major: _____ Year Attained: _____	
<input type="checkbox"/> License & Certification	License/Certification Type: _____ Date Received: _____ Expiration Date: _____	
<input type="checkbox"/> Disability Status	New Disability Status: <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list & describe limitations, if any.	
<input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status	New Military Status: New Veteran Status: <input type="checkbox"/> No Military Status <input type="checkbox"/> Active Military Status <input type="checkbox"/> Challenged Veteran <input type="checkbox"/> Gulf War Veteran <input type="checkbox"/> Active Reservist <input type="checkbox"/> Inactive Reservist <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other	
<input type="checkbox"/> Gender *	New Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

*** Please Note:**

All Name changes should be submitted to UMR for processing. Proper documentation will be required.
Gender changes require appropriate legal documentation.
Marital Status changes require appropriate legal documentation and may require tax and/or benefit changes.
See Human Resources for appropriate forms.

Employee Signature: _____

Date: _____

Return Form
Mail: Payroll Shared Services
250 W US Hwy 12
Burns Harbor, IN 46304
Email: usapayroll@arcelormittal.com
Fax: 877-292-4351