



Employee Current Information Form

Human Resources Fax (413) 665-7561

Company Name: _____

Effective Date: _____

Employee Information

Name (First, Middle, Last)

Employee Number

SS Number (Last 4 Only)

Date of Birth

Current Address

Mailing Address (if different)

Home Phone

Cellular Phone

Emergency Contact Information

Name

Phone

Address

**Documentation must be attached for any Name changes.*

Employee Signature

Date

HR Use Only

Date Updated HR/Payroll File:

Date Updated Benefits: