

Personal Information/ Emergency Contact Form



Please complete this form in its entirety to ensure accuracy of personnel records.

Effective Date: _____

Form Type: ☐ New

☐ Change

Personal Information

Employee ID #: _____

Name:

Last

First

M.I.

Suffix

New Name*:

Last

First

M.I.

Suffix

*Name changes require an updated social security card.

Home Address:

Home #:

Work #:

City

State

ZIP

Cell #:

Emergency Contact(s)

In the event of an emergency, please contact the following person(s):

Primary Contact (Required. Complete all fields.)

Name:

Address1:

Address2:

City, State, ZIP:

Home Phone:

Work Phone:

Relationship:

Secondary Contact (Optional)

Name:

Home Phone:

Work Phone:

Relationship:

Special medical instructions (optional):

Signature

Date

This form allows for digital signature.

Send completed forms to Human Resources by fax: 804.774.3300 or email: HROffice@tax.virginia.gov.