

<b>For <u>ANY CHANGES</u>, please complete all the information in this section:</b>				
- - <small>Social Security No</small>	Last Name	First Name	MiddleName/Initial	Birth Date / /

In the sections below, indicate the changes we are to make. Complete only sections that have changed.

<b>NAME/ADDRESS CHANGE</b>				
<input type="checkbox"/> This is a <u>name change</u> , your Previous Name: _____				
NEW Home Street/Apt	NEW City	NEW State	NEW Zip+ 4	Country (if not US)
( ) - <small>NEW Home Phone</small>	NEW E-mail Address			
<b>Change in Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ <b>Effective Date</b> _____				

**Date these changes become effective** \_\_\_\_\_

### CHANGE OF EMPLOYMENT STATUS

Change from **part time to full time**       Change from **full time to part time**

Check here for a Chapter Transfer and give new chapter information below.

<b>FOR CHAPTER CHANGES</b>	Salary \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
New Chapter Name	New Position Description

**NOTES:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>YFC/USA HUMAN RESOURCES USE ONLY</b>
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YFC Id. _____	Date Received: _____
Effective Date: _____	H-R Rep: _____