



DONNELLY COLLEGE

EMPLOYEE INFORMATION UPDATE FORM

Annual update as requested by HR Employee Update effective _____

Employee Name: _____

Today's Date: _____

Gender: M F **Race/Ethnicity:** White Black
 Hispanic Asian
 American Indian/Alaskan Native
 Other _____

Religion: Catholic Protestant Other _____

Marital Status: Single Married

Current Address: _____

Home Phone Number(s): _____

Cell Phone Number(s): _____

E-mail Address: _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Employee Signature: _____

HR USE ONLY:

Received by: _____ Date: _____

Entered into Payroll by: _____ Date: _____