STATE OF MISSOURI

DEPARTMENT OF MENTAL HEALTH

STAFF MEMBER'S INFORMATION UPDATE

☐ ANNUAL ☐ NAME CHANGE ☐ ADDRESS CHANGE

Dear Staff Member:

The Department of Mental Health requires each staff member to provide updated information to include address, phone number and emergency contact information when changes occur to this information.

Please complete the requested information listed below. Once completed, please return this form to your **WORKSITE HUMAN RESOURCES OFFICE**.

All other name or address changes made throughout the year are to be returned to the **WORKSITE PERSONNEL OFFICE** for processing.

STAFF MEMBER'S INFORMATION UPDATE

PLEASE PRINT CLEARLY

COMPLETE LEGAL NAME	SOCIAL SECURITY NUMBER **(LAST 4 DIGITS ONLY)**
ANY ALIAS/MAIDEN NAME	HOME ADDRESS
BIRTH DATE / MARITAL STATUS ☐ MARRIED ☐ SINGLE	
STAFF MEMBER'S PREFERRED CONTACT PHONE NUMBER ☐ HOME ☐ CELL	STAFF MEMBER'S SECONDARY CONTACT PHONE NUMBER ☐ HOME ☐ CELL

EMERGENCY CONTACT

FIRST CONTACT

NAME	
ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	EXTENSION
*CELL PHONE NUMBER	
RELATIONSHIP	

SECOND CONTACT

NAME	
ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	EXTENSION
*CELL PHONE NUMBER	
RELATIONSHIP	

(Human Resources Staff Member - Please note that cell phone numbers are marked with an asterisk (*), these numbers are to be placed in the Comments section of the EMER Window.)

STAFF MEMBER'S SIGNATURE	DATE