

BENNINGTON COLLEGE

PERSONAL DATA CHANGE FORM

To update personal data or emergency contact information, please complete the appropriate section below. Certain personal information changes may require payroll and/or benefit changes. Please contact Human Resources for details.

Last Name	First Name	MI	Effective Date
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PERSONAL INFORMATION			
Last Name	First Name	MI	Telephone
Street Address			
City		State	Zip Code

EMERGENCY CONTACT INFORMATION			
Last Name	First Name	MI	Telephone
Relationship to Employee			

Comments

Employee Signature	Date
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FOR HR USE ONLY Processed by: Date processed and forwarded to Payroll:
