



**Member Information Change Form**

I hereby authorize Semper Blue Professional Services, Inc. to make the following changes to my personal information as it relates to my continued employment with SB PRO. These changes will remain in effect until SB PRO receives a written notice from the member.

Member name: \_\_\_\_\_

Work location: \_\_\_\_\_

**Address Change**

Old address: \_\_\_\_\_

New address: \_\_\_\_\_

**Contact Information**

New email: \_\_\_\_\_

New phone #: \_\_\_\_\_

**Assignment Change**

Old assignment \_\_\_\_\_

New assignment: \_\_\_\_\_

**Emergency Contact**

Delete \_\_\_\_\_

Add \_\_\_\_\_

**Pay Rate**

Old rate \_\_\_\_\_

New rate \_\_\_\_\_

**Banking Information**

New routing number \_\_\_\_\_

New account number \_\_\_\_\_

**Tax Information Change**

Married \_\_\_\_\_ Single \_\_\_\_\_ Total number of Federal allowances \_\_\_\_\_ Total number of state allowances \_\_\_\_\_

*\*A new W-4 form must be signed and submitted in addition to this form as soon as possible and forwarded to HR.*

Member signature \_\_\_\_\_

Date \_\_\_\_\_

Manager/Director signature \_\_\_\_\_ Date \_\_\_\_\_

(forward to CEO, copy to HR)

CEO approval \_\_\_\_\_

Date \_\_\_\_\_

Received by HR \_\_\_\_\_ Date \_\_\_\_\_