



**PERSONAL INFORMATION/EMERGENCY CONTACT FORM**

**Please complete this form in its entirety to ensure accuracy of personnel records**

**Effective Date:** \_\_\_\_\_ **Form Type:**  **Original**  **Change**  
**Employment Status:**  **Classified**  **Wage**

**PERSONAL INFORMATION:**

**Employee ID #:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First M.I. Suffix

**New Name\*:** \_\_\_\_\_  
Last First M.I. Suffix

*\*Name changes require an updated social security card and a completed VRS-48 form.*

**Home Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_  
City State Zip **Work #:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_

**EMERGENCY CONTACTS:** In the event of an emergency, please contact the following person(s):

**Primary Contact (complete FULLY):**

**Name:** \_\_\_\_\_  
**Address1:** \_\_\_\_\_  
**Address2:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Secondary Contact (optional):**

**Name:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Special medical instructions (optional):**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*This form allows for electronic signature\**

Send completed forms to Olivia Morgan in Human Resources via:  
Fax: (804) 786-3626;  
Email: olivia.morgan@tax.virginia.gov; or  
Mail: 600 East Main Street, 23<sup>rd</sup> Floor, Richmond, VA 23219.