THE ALASKA CLUB

Employee information change form

Effective Date: _____

OLD

PREVIOUS INFORMATION (Fill out completely)

Name: _____

Employee #: _____

Department: _____

Address: _____

_____

Phone: _____

NEW

CURRENT INFORMATION

Name: _____
(Please fill out a new W-4 form with name change)

Department: _____

Address: _____

_____

Phone: _____