

FMLA Employee Contact Information Verification Form

To ensure communications are sent to the proper address, please fill in fields below.

Name:		
Street Address:		Apartment#/ Building #:
City:	State:	Zip Code:
Phone:	Email:	

FMLA Type (check one): Continuous Intermittent

I acknowledge that the above information is correct and it is my responsibility to notify Human Resources/District Personnel Department of any changes in my contact information.

Employee Signature:	DATE:
Employee Printed Name:	

Please be aware that time sensitive information will be sent to the address you specify on this form. It is your responsibility to inform Human Resources/District Personnel Department should your contact information change at any time. Upon completion of this form please submit it to Human Resources/District Personnel Department.