

- | | |
|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

Division must be indicated above or form will be returned to individual completing it.

Employee Change Form

Please print clearly. Return completed forms to Human Resources.

Employee Name: _____ Today's Date: _____

Social Security #: _____ Effective Date: _____

TYPE OF CHANGE - Please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Address (physical) * | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Marital Status ** |
| <input type="checkbox"/> Address (mailing) | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Name Change ** |
| | <input type="checkbox"/> Direct Deposit (page 2) | |

Please see below for additional documentation that must be submitted with your request. These forms are available on the JMAC Resources intra-net.

* If you are changing your physical address to either Montana or Minnesota, you must fill out a NDW-R form.

Address (physical): _____ Permanent Temporary

City: _____ State: _____ ZIP: _____

Address (mailing): _____ Permanent Temporary

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Emergency Contact Relationship: _____

** The following changes require the submission of a new W-4 and a copy of the legal documentation with this change request form.

Marital Status: Single Married Widowed Divorced

Name Change: This would be your name as it appears on your Social Security card. You must also include a copy of your Social Security Card with this request in order for the change to be processed.

Original Name: _____

New Legal Name: _____

Employee Signature

Date



Employee Change Form

Authorization to Change Direct Deposit - Employee Form

I _____ (print name) hereby authorize JMAC Resources to change the automatic deposits to my account at the financial institution below. Further, I agree not to hold JMAC Resources responsible for any delay of loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until JMAC Resources, Inc. receives a written notice of cancellation from me to my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution:	
Routing Number:	
Accounting Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature

Authorized Signature (Primary)	Date:
Authorized Signature (Joint)	Date:

Supporting Documentation:	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow
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Please attach a voided check here.