Fax or mail form to MRCI-CDS:

1961 Premier Drive #318, Mankato, MN 56001

HR Fax: 888-696-8552

HR Email: cdshr@mrciworksource.org

MRCI CDS Office Use
Copy to: 🗆 HR 🗆 Admin
Entered by
Verified by



Effective date of change _____ **Request to update information for:** Name __ M. First Client Name **Check all relationships that apply** ☐ Employee/ Worker—Employee Number: _____ ☐ Client Representative/ Managing Party \square Client ☐ Vendor Complete only the sections that apply: **Salary** Change salary from ______ to _____ Justification for change:______ Name *Change Name to ____ M. Last * Note: Further information will be required to process a name change. HR will contact you directly with additional information that is needed. Address Change Street Address City_____State _____Zip Code _____ **Phone** <u>Email</u>

Signature:_____ Date:____