



**ECTOR COUNTY, TEXAS
HUMAN RESOURCES DEPARTMENT**

To: Vivian Campbell- Payroll Administrator

Please Print:

Employee Name: _____

Status Change: Marriage: _____ Divorce: _____ Name Change: _____

New Name: _____

Old Address: _____

City/State: _____

Zip Code _____

New Address: _____

City/State _____

Zip Code _____

Contact Number: _____

Social Security: _____

Signature: _____ Date: _____

Office Use	
Insurance:	_____
Payroll:	_____