



Genesee Education Consultant Services

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EMPLOYEE INFORMATION CHANGE

NOTICE: If you are email/faxing this form, your social security number or Employee ID number is **REQUIRED** to verify information.

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____

Date Effective: _____ Employee ID: _____

Email Address: _____

PREVIOUS INFORMATION

Employee Name: _____ Phone Number: _____

Address: _____

City _____ State _____ Zip Code _____

CURRENT INFORMATION

Employee Name: _____ Phone Number: _____

Address: _____

City _____ State _____ Zip Code _____

Employee Signature: _____ Date: _____

OFFICE USE ONLY

Human Resources _____ Payroll _____

Date Entered: _____ Date Entered: _____

Notes: _____
