

AGENCY CHANGE FORM

This form should be completed and returned to RCIL by one of the following methods:

By Email: employeechanges@rcil.com

By Fax: 315-272-2954

**By Mail: Resource Center for Independent Living (RCIL)
Attn: Human Resources Department
PO Box 210
Utica, NY 13503-0210**

WORKER'S NAME: (please print)	DATE:
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Mailing Address Change

Previous Mailing Address:	
New Mailing Address:	
City:	State:
Zip Code:	County:

Name Change

(must provide proof of change, including marriage certificate and updated social security card)

Previous Name: (please print)
New Name: (please print)

Phone Number Change

Home Phone Number:
Cell Phone Number:
Preferred Phone Number: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone

Email address

Email Address:

(This Agency frequently communicates through email, please update your email and check regularly)

The above changes have been reviewed and are accurate.

Worker Signature: _____

Date: _____

Please note: All updates received before 2:00 p.m. EST will be processed in the same business day. Otherwise, all updates received after this deadline will be processed the following business day before 12:00 p.m. EST. Should you have any questions in regards to these changes, please contact the Human Resources Department at 315-797-4642.