



INTEGRA
HEALTH CARE

20730 Holyoke Ave. #125
P.O. Box 565
Lakeville, MN 55044

Phone: 952-985-0672
Fax: 952-985-0675
www.integrahc.com

Information Change Form

Employees are required to immediately update Integra Health Care, Inc. in writing on any changes in status such as but not limited to: address, phone, e-mail, name change, employment status, or other pertinent information. Please submit this form to the Staffing Coordinator when a change occurs.

Employee Name: _____

- Name Change** – A name change request must be accompanied by court documentation, a marriage license or divorce decree, a current updated driver’s license or an updated social security number card.

Previous Name: _____ New Name: _____

- Address Change**

Previous Address: _____

New Address: _____

- Phone Number Change**

Previous Phone Number: _____ Current Phone Number: _____

- Email Change**

Previous Email: _____

Current Email: _____

- Other:** _____

Employee Signature: _____ Date: _____

Office Staff Completing Form: _____ Date: _____

Office Use Only

Give completed form to Staffing

Notify Payroll & Billing (name or address change)

Update Solutions

Update Klaviyo, DocuSign & Hire Date

Spreadsheet (email & name change)

Complete DHS Information Change Form –

PCAs only (name or address change)

Update NetStudy Profile(address & name change only)

For Name Changes Only:

- Update Network Folder**

- Update Timesheets**

- Update Personnel Folder**

Update I-9

Fill out NetStudy Profile Update Request Form (NetStudy SIP can only do this)

Office Staff Signature: _____ Date: _____