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

MRCI CDS

Status Change Form

Effective date of change _____

Request to update information for:

Name _____
First M. Last

Client Name _____

Check all relationships that apply
☐ Employee/ Worker—Employee Number: _____
☐ Client Representative/ Managing Party
☐ Client
☐ Vendor

Complete only the sections that apply:

Salary

Change salary from _____ to _____

*Justification for change :*_____

Name

*Change Name to _____
First 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

(_____) _____

Email

_____

Signature:_____ Date:_____