

Employee Directory Information Change Form

Additions to Directory

Name	Department	Title*	Phone Number	Replaces _____**

- For Counselors, specify "Voc. Rehab Counselor" or "*Certified* Voc. Rehab Counselor."
- Optional if position is new and employee does not replace a former employee.

Deletions to Directory

Name	Department	Date	Replaced by _____*

- Optional if position has not been filled.

Office or Field Office _____

Signature of Manager _____