



HOLSTON CONFERENCE

The United Methodist Church

Office of the Treasurer - Administrative Services

Holston Staff Employee Change Form

Name _____

Date _____

Location/Department _____

Please make the following changes to my employee record:

(include this signed agreement with any documents)

Mailing Address: _____

Phone _____

Other _____

Changes to Tax Withholding - Submit new form to Angela

Changes to UMPIP - Clergy submit new form to Julie

Lay submit new form to Angela

Changes to Medical Insurance Coverage - Submit new form to Julie

By signing this form I acknowledge this change remains in effect in my employee record until further notice.

Signed _____