

Fax or mail form to MRCI-CDS:
1750 Energy Drive PO box 328, Mankato, MN 56002
HR Fax: 888-696-8552
HR Email: cdshr@MyMRCI.org

MRCI CDS Office Use		
Department:	150	154
System(s) Employee is in:		
<input type="checkbox"/>	Cash Legacy	
<input type="checkbox"/>	Cash FMS	
<input type="checkbox"/>	Pavillio	
<input type="checkbox"/>	Annkissam	



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:

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

Employee _____ E-Timesheets/EVV General Info.

Representative _____ E-Timesheets/EVV General Info.

Signature: _____ **Date:** _____