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## EMPLOYEE DEMOGRAPHIC UPDATE FORM

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Today's Date: \_\_\_\_\_

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cell  Home  Work

Alternate Phone Number: \_\_\_\_\_  Cell  Home  Work

Email Address: \_\_\_\_\_

How do you prefer to be contacted by MILS?

Phone Call       Text Message       Email       Mail

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cell  Home  Work

Relationship to you:  Spouse       Parent       Child

Grandparent       Other \_\_\_\_\_