(PLEASE COMPLETE ALL OF THE FOLLOWING REQUESTED INFORMATION)

EMPLOYEE'S NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ _____
Street Address Apartment #

_____ _____ _____
City State Zip Code

Home Phone # :(_____)_____

Cell Phone # : (_____)_____

E-MAIL ADDRESS:_____

IN CASE OF EMERGENCY, PLEASE CONTACT:

PRIMARY CONTACT

NAME: _____

RELATIONSHIP: _____
_____

TELEPHONE

Home: ( ) _____

Cell: ( ) _____

Business: ( ) _____

E-MAIL ADDRESS _____

SECONDARY CONTACT

NAME: _____

RELATIONSHIP:

TELEPHONE

Home: ( ) _____

Cell: ( ) _____

Business: ( ) _____

E-MAIL ADDRESS _____

CHECK/CHECK STUB AUTHORIZATION ACKNOWLEDGMENT

☐ **I authorize the release of my check to _____ in my absence.**

☐ **Please mail my paycheck to my home address in my absence.**

_____ _____
SIGNATURE **DATE**

This form is to be returned to Human Resources Dept or emailed to JIBHR@jibei.com.