

Contact Change Form



Client #: _____ Client Name: _____

Company #: _____ Company Name: _____

REMOVE CONTACTS:

Inactivate System Logins: (check all that apply):

Name: _____ Effective Date: _____ Evolution Timeclock VMR Reports

Name: _____ Effective Date: _____ Evolution Timeclock VMR Reports

ADD/CHANGE CONTACTS:

Primary Contact:

Full Name: _____ Title: _____

Phone: _____ Ext. _____ Alt. Phone _____ Assign Software User Rights YES NO

Email: _____ Add email for VMR Reports YES NO

Secondary Contact:

Full Name: _____ Title: _____

Phone: _____ Ext. _____ Alt. Phone _____ Assign Software User Rights YES NO

Email: _____ Add email for VMR Reports YES NO

Third Contact:

Full Name: _____ Title: _____

Phone: _____ Ext. _____ Alt. Phone _____ Assign Software User Rights YES NO

Email: _____ Add email for VMR Reports YES NO

Delivery Attention (on payroll package): _____

Client Signature – MUST be a Current Contact

Date

Print Name