State of Vermont Fiscal Employer/Agent
PO Box 4409
White River Jct., VT 05001

Change of Information Form

Use this form to update information with ARIS Solutions.

Name:

Role:

Last 4 digits of SSN: _____

Check the appropriate box and fill in the information below. **If a name change is occurring, supporting legal documentation is required with submissions.**

◯ Address Update	◯ Name Change	◯ Involuntary Termination	◯ Voluntary Termination
◯ Email Address Update		◯ Phone Number Update	

Fill in appropriate changes

Name:		
Address:		
City:	State:	Zip Code:
Email Address:		
Phone Number:		

If notifying of separation from employment, please select the reason below:

◯ Lack of Productivity/Poor Quality of Work

◯ Attendance Issues

◯ Employee quit with written notice

◯ Employee quit with verbal notice

◯ Other:

Last Date of Employment:

Printed Name: _____ Signature: _____

Date: _____