



RFENC

Rowell Family Empowerment of Northern California, Inc.

Personal Info Update

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

It is your responsibility to keep all information on this form up-to-date per RFENC policy as outlined in the Employee Manual. This confidential information will be kept in your personnel file.

Emergency Contact:

Contact Name: _____

Address: _____

Phone 1: _____

(optional) Phone 2: _____

Employee Signature

Date

Confidentiality Notice

The information contained in this form is solely intended for Rowell Family Empowerment of Northern California, Inc. It is confidential and may also be legally privileged. If you have received this transmission in error, please immediately notify the agency in the top right corner and destroy all copies of the document received in a manner appropriate for privileged information. You are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. Information contained within this form is not intended for any other person except with prior written approval. RFENC will not accept any liability (in negligence or otherwise) arising from any third party acting, or refraining from acting, on such information.

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