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## EMPLOYEE INFORMATION UPDATE FORM

**Employee's Name:** \_\_\_\_\_

- Annual update requested by HR
- Requested by HR for other reason: \_\_\_\_\_
- Employee update effective date:    /    /

**Phone Number:** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

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**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit the completed form to HR.**

**HUMAN RESOURCES ONLY**

**Received by:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Entered into QB by:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_