## **Employee Legal Gender Change Form**

I confirm that the information provided is accurate and complete.

| Employee Information         |   |
|------------------------------|---|
| Full Name                    |   |
|                              |   |
| Employee ID                  |   |
|                              |   |
|                              |   |
| Department                   |   |
|                              |   |
| Position                     |   |
|                              |   |
|                              |   |
| Legal Gender Change Details  |   |
| Current Legal Gender         |   |
|                              | • |
| New Legal Gender             |   |
|                              | • |
| Effective Date               |   |
|                              |   |
| Supporting Legal Documents   | _ |
|                              |   |
| Choose File No file selected |   |
|                              |   |
| Additional Information       |   |
| Comments / Notes             |   |
|                              |   |
|                              |   |
|                              |   |
| Employee Declaration         |   |
|                              |   |