

INTERVAL MANAGEMENT / QM RESORTS

Employee Contact Information

Please take a moment to update us on with your contact information. Please return this form to HR to update your employment file immediately.

DATE _____

FULL NAME _____

TITLE/DEPT. _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ CELL PHONE _____

EMAIL ADDRESS 1 _____

EMPLOYEE NAME (print) _____

EMPLOYEE SIGNATURE _____

Thank you,

Human Resources

Interval Management/QM Resorts