



EMPLOYER CONTACT UPDATE

(Revised 11/03/2025)

EMPLOYER INFORMATION

Employer Name	RAIN ID
---------------	---------

NEW CONTACT INFORMATION:

Name	Title
Email Address	Phone #

CONTACT TO BE REMOVED:

Name	Date left agency
------	------------------

AGENCY ADMINISTRATOR SIGNATURE

I affirm the information that I have provided on this form is true and correct.

► _____ Date _____

Please return to: Employer Reporting WRS-employerreporting@wyo.gov