



## CITY OF FITCHBURG EMPLOYEE ADDRESS OR NAME CHANGE FORM

Please return this form to **HUMAN RESOURCES**, along with any required documentation.\*

**This form must be used for all applicable changes. Changes will not be accepted via telephone or e-mail format.**

**CHECK ALL REQUESTED CHANGE(S):**

	<b>* NAME</b> (Current)	<b>CURRENT</b> Last:	<b>NEW</b> Last:
		<b>CURRENT</b> First:	<b>NEW</b> First:
	<b>ADDRESS</b> <b>Current</b>	Number/Street:	
		City	State <span style="float: right;">Zip</span>
	<b>ADDRESS</b> <b>NEW</b>	Number/Street:	
		City	State <span style="float: right;">Zip</span>
	<b>PHONE</b> NUMBER(S):	Home:	Cell:
	E-Mail Address:	Current:	New:

I verify that the information above is accurate to the best of my knowledge and authorize the City of Fitchburg to make these changes:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Last First

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**\*All NAME changes MUST be accompanied by the following:**  
 (Check documents being submitted)

**For HR Use Only:**

	Court Paperwork (Divorce Decree)
	Marriage Certificate
	NEW Driver's License
	NEW Social Security Card
	Other Related Documents:

	Auditor
	Human Resources
	Information Technology
	Payroll
	Retirement

<b>Date</b> Received:	<b>Date change(s)</b> made/verified:	<b>HR Initials:</b>
--------------------------	---	---------------------