



CITY OF FITCHBURG EMPLOYEE PERSONAL DATA 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):

	* NAME (Current)	CURRENT Last:	NEW Last:
		CURRENT First:	NEW First:
	ADDRESS Current	Number/Street:	
		City	State Zip
	ADDRESS NEW	Number/Street:	
		City	State Zip
	PHONE 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

Date Received:	Date change(s) made:	HR Initials:
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