CITY OF HAMMOND
PERSONNEL CHANGE NOTICE AUTHORIZATION

EMPLOYEE NAME:_____

TYPE OF CHANGE:

( ) Name Change
( ) Address/Telephone Change
( ) New Emergency Contact

PERSONAL DATA:

If your name has been legally changed (marriage, divorce, etc.), please attach a copy of your driver's license reflecting new name.

EMPLOYEE NAME:_____
Last First Middle Initial

EMPLOYEE'S HOME ADDRESS:_____

EMPLOYEE'S MAILING ADDRESS (if different)_____
CITY/STATE/ZIP_____

HOME TELEPHONE NO._____

EMERGENCY CONTACT INFORMATION:

NAME: (Relationship)_____

STREET ADDRESS: (APT.)_____

CITY/STATE/ZIP CODE_____

TELEPHONE NUMBER DURING
WORKING HOURS _____

EMPLOYEE AUTHORIZATION:_____
Signature

_____
Date

FOR PERSONNEL OFFICE ONLY:

( ) Changes reviewed by Dir._____ Initials_____

( ) Payroll notified_____ ( ) Computer Updated_____