

CITY OF HAMMOND

Office of Human Resources

PERSONNEL CHANGE NOTICE AUTHORIZATION

Please complete applicable section(s) and return the completed form along with attachments to the Human Resources Department.

Employee Name: _____ Employee No.: _____

Department: _____ Job Title: _____

Check here if this is an ADDRESS and/or TELEPHONE CHANGE

New Address (Number & Street): _____
Additional Mailing Information: _____
City, State, Zip Code: _____
Primary Telephone Number: _____
Alternate Telephone: _____

Check here if this is an EMERGENCY INFORMATION CHANGE

First Contact Name: _____ Relationship: _____
Address: _____
Primary Telephone: _____
Alternate Telephone: _____

Second Contact Name: _____ Relationship: _____
Address: _____
Primary Telephone: _____
Alternate Telephone: _____

Check here if this is a NAME CHANGE (Attachment Required)

From Name: _____
To Name: _____

Attachments Required:

Proof of Legal Documentation for Name Change; i.e. marriage certificate, divorce decree etc.
Revised Social Security Card
Revised Driver's License

My signature below verifies that I have provided the above information and acknowledge that this information supersedes the information previously on file.

Employee Signature

Date

For HR Use Only:

MUNIS Updated _____ Initials: _____