

PERSONAL DATA CHANGE &/OR VERIFICATION OF INFORMATION FORM

NAME: \_\_\_\_\_  
(Please Print)

EMPLOYEE #: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

I hereby authorize the City of St. Augustine to verify and/or make the following changes in my personnel file:

ADDRESS CHANGE:

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY: \_\_\_\_\_

DID YOU PREVIOUSLY RECEIVE A RESIDENTIAL INCENTIVE? \_\_\_\_\_

IS YOUR NEW ADDRESS WITHIN THE CITY LIMITS? YES: \_\_\_\_ NO: \_\_\_\_

PHONE NUMBER CHANGE:

NEW HOME PHONE #: (\_\_\_\_) \_\_\_\_\_ Primary: Yes \_\_\_\_ No \_\_\_\_

NEW CELL PHONE #: (\_\_\_\_) \_\_\_\_\_ Primary: Yes \_\_\_\_ No \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME CHANGE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DUE TO: MARRIAGE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVORCE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE CHANGE MY EMERGENCY CONTACT INFORMATION TO:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRIMARY PHONE # (\_\_\_\_) \_\_\_\_\_ SECOND PHONE # (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRIMARY PHONE # (\_\_\_\_) \_\_\_\_\_ SECOND PHONE # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

ENTERED INTO MUNIS: \_\_\_\_\_

UPDATE ALL INSURANCE: \_\_\_\_\_

UPDATE PAY TYPE 350: \_\_\_\_\_

DOES UPDATE APPLY TO ALL DEPENDENTS: \_\_\_\_\_