

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: _____