



# City of Waterbury

## Employee Personal Data Change Form

PLEASE PRINT



**Reason for Change:** \_\_\_\_\_ Marriage/Divorce (Date: \_\_\_\_\_)  
 (Required) \_\_\_\_\_ Address Change / Phone Number Change  
 \_\_\_\_\_ Name Change  
 \_\_\_\_\_ New Hire / Rehire  
 \_\_\_\_\_ Emergency Contact Information Change

**Effective Date:** \_\_\_\_\_ Rev 04-2020

EE# _____	/Union _____
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Employee Name: \_\_\_\_\_ SSN (Last 5 digits) \_\_\_\_\_

**Legal Name (as it appears on your SS Card)**

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Prefix *Select One*: \_\_\_\_\_ Other \_\_\_\_\_

*Please note that Name change requests require a copy of the legal documents verifying your name change. Acceptable forms of documentation include: marriage license, divorce decree or court order as well as an updated Social Security Card. DO NOT FAX OR EMAIL SOCIAL SECURITY CARDS!!*

**Address Information (validation required)**

**PERMANENT STREET ADDRESS (Required – No PO Boxes please):**

Address 1: \_\_\_\_\_  
 Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home\_Number: \_\_\_\_\_  
 Cell\_Number: \_\_\_\_\_  
 Home E-Mail: \_\_\_\_\_  
**2ND Home E-Mail :** \_\_\_\_\_

Select one for Direct Deposit emails:

**Preferred Mailing Address (if different than permanent address) List PO Box Info here:**

Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home\_Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
 Work Number: \_\_\_\_\_

ALL EMPLOYEES MUST HAVE AN EMERGENCY CONTACT ON FILE. PLEASE BE SURE TO LIST AN EMERGENCY CONTACT.

**Employee Demographic Information**

Birth Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Ethnicity:  White  
 Black or African American  
 Native Hawaiian/Pacific Islander  
 Asian  
 American Indian or Alaska Native Two  
 or More Races  
 Hispanic or Latino

True Marital Status:

- |   |  |
|---|--|
| <input type="checkbox"/> Married          | <input type="checkbox"/> Divorced      |
| <input type="checkbox"/> Single           | <input type="checkbox"/> Separated     |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Widow/Widower |
| <input type="checkbox"/> Civil Union      |  |

**HR/HRIS ONLY:**

Validated by \_\_\_\_\_ / Date \_\_\_\_\_

WEM: \_\_\_\_\_ WPH: \_\_\_\_\_ DBIR: \_\_\_\_\_

SCN: \_\_\_\_\_ DOT: \_\_\_\_\_ DLIC: \_\_\_\_\_ I9C: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_