



City of Waterbury

Employee Personal Data Change Form



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

Effective Date: _____

Rev 12-2019

EE# _____ /Union _____

Employee Name: _____ SSN (Last 5 digits) _____

Legal Name (as it appears on your SS Card)

First Name: _____
 Middle Initial: _____
 Last Name: _____
 Maiden Name: _____
 Prefix *Circle One*: Mr. Mrs. Ms. Miss Dr. Other _____

Preferred Name: _____

Note: Please provide Medical ID number if your benefits need to be changed: _____

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/court order AND an updated Soc Sec Card

Address Information (validation required)

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

Address 1: _____
 Address 2: _____
 City: _____
 State: _____ Zip: _____
 Home Number: _____
 Cell Number: _____
 Home E-Mail Address: _____

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

Address 1: _____
 Address 2: _____
 City: _____
 State: _____ Zip: _____

Emergency Contact Information

Name: _____
 Relationship: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Number: _____ Preferred
 Cell Number: _____ Preferred
 Work Number: _____ Preferred

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:

Married Divorced
 Single Separated
 Domestic Partner Widow/Widower
 Civil Union

HR/HRIS ONLY:

Validated by _____ / Date _____
 WEM: _____ WPH: _____ DBIR: _____
 SCN: _____ DOT: _____ DLIC: _____ I9C: _____

Employee Signature: _____

Date: _____