

Static Employee Information Change Form

Transaction Code: ES

***EMPLOYEE ID**

*Jurisdiction Name

EMPLOYEE'S CURRENT INFORMATION

Enter Employee Name and current information that is to be changed.

◆ Required fields for employees with service prior to June 1, 2004

SSN - -

*First Name MI *Last Name Suffix

◆ HOME ADDRESS:

◆ Street1:
Street2:

◆ City ◆ ST ◆ Zip

Email Address

MAIL ADDRESS (If Different from Home Address):

Street1:
Street2:

City ST Zip

◆ Date of Birth ◆ Gender ◆ US Citizen Y/N Immigration No.

Driver's License No. Issued By:

Education Code ◆ Residency Code ◆ EEO Ethnic Code

Comments

EMPLOYEE'S NEW INFORMATION

Enter only information that is to be corrected.

SSN - -

First Name MI Last Name Suffix

HOME ADDRESS:

Street1:
Street2:

City ST Zip

Email Address

MAIL ADDRESS (If Different from Home Address):

Street1:
Street2:

City ST Zip

Date of Birth Gender US Citizen Y/N Immigration No.

Driver's License No. Issued By:

Education Code Residency Code EEO Ethnic Code

AUTHORIZING SIGNATURES:

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.

Appointing Authority: I certify that the action requested conforms to Civil Service Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

SUBMIT TO: NJ Civil Service Commission; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354