

BLACK HAWK COUNTY EMPLOYEE RECORD INFORMATION

☐ Check Box if REQUEST CHANGE TO RECORD INFO

EFFECTIVE DATE OF CHANGE REQUEST:

PROVIDE NAME INFORMATION AS USED FOR SOCIAL SECURITY

last name:

first name:

middle initial:

previous last name:
(if applicable)

Dept:

position title:

date of birth (if under 19):

employee ID# OR last 4 digits of SS#:

date of hire:

(PHYSICAL ADDRESS - No PO Boxes!) street:

city:

state:

zip + 4 digits:

(MAILING ADDRESS - if different) street:

city:

state:

zip + 4 digits:

home#:

cell#:

E-Mail Address (Optional):

marital status
change request:

☐ Check Box if REQUEST CHANGE OF STATUS

(Attach appropriate documentation of marital status change)

#1 EMERGENCY CONTACT

#2 EMERGENCY CONTACT

NAME:

NAME:

RELATIONSHIP:

RELATIONSHIP:

PHONE:

PHONE:

PHONE:

PHONE:

NOTE: If updating information, you may need to update other records depending on the nature of the change you are requesting. Please contact Human Resources for more information at 319-833-3009.

Release of Information:

I am advised and realize that my address and phone number are confidential even though I serve as a public employee. Nevertheless, I consent to the release of information to a vendor or agency with whom I have payroll deductions or payroll contributions during the time of employment with Black Hawk County.

Employee Signature:

Date:

FOR OFFICE USE ONLY

COPIES TO:

☐ HUMAN RESOURCES

☐ AUDITOR

☐ DEPARTMENT

☐ EMPLOYEE