



City of Waterbury

Employee Personal Data Change Form



Reason for Change:
(Required)

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

Effective Date: _____

EE# _____ /Union _____

Employee Name: _____

SSN (Last 5 digits) __ - ____ - ____

Current Status: New Hire Rehire
 Active Retired (Date Retired _____) Former Employee

Name Information (as it appears on your SSC)

First Name: _____
 Middle Initial: _____
 Last Name: _____
 Maiden Name: _____
 Prefix: Mr. Mrs. Ms. Other _____
 Nick Name: _____

Note: Please provide Anthem 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 or court order as well as an updated Social Security Card.

Address Information

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: _____

Employee Signature: _____

Revised October 2012

Emergency Contact Information (Required)

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.

Biographical Information

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

Marital Status:

- Married Divorced
- Single Separated
- Domestic Partner Widow/Widower
- Civil Union

Date: _____