Employee Personal Data Change Form

(PLEASE PRINT LEGIBLY)   **DO NOT FAX OR EMAIL SOCIAL SECURITY CARDS!!**

Personal Information	Emergency Contact (local)
Employee Number:	Full Name:
Name of your Union:	Relationship:
First Name:	Address:
Middle Name:	City:
Last Name:	State | Zip:
Maiden Name/Former Name:	Home Phone:
Name Prefix/Suffix:	Cell Number:
Last 5 of SSN (not full number):	Work Number:

Permanent Address (where you live)	Supplemental Address (PO Box)
Address 1:	Address 1:
Apartment:	Apartment:
City:	City:
State:	State:
Zip Code:	Zip Code:
Home Number:	Home Number:
Cell Number:	
Paystub Email Address:	Supplemental Email Address:

Employee Demographics	
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race	Hispanic or Latino
Origins in any of the original peoples of Europe, the Middle East, or North Africa.	White (not Hispanic or Latino)
Origins in any of the black racial groups of Africa	Black or African American
Any Two Or More Races	Two or More Races
Origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands	Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment	American Indian or Alaska Native
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. Examples: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.	Asian

Please note: * **Name changes must be accompanied with an updated Social Security Card and Legal documentation to substantiate the change.** * A personal email is required for City Employees and is recommended for Education Employees for Direct Deposit Pay Stubs. Sign,date and provide to the HR Dept or email to: HRIS@waterburyct.org. Thank you.

True Marital Status
Married
Single
Divorced
Domestic partner
Widow / Widower

_____   _____
Employee Signature   Date