



CITY OF BERKLEY
EMPLOYEE INFORMATION CHANGE FORM

Employee Number \_\_\_\_\_

Starting Date \_\_\_\_\_

Personal Information

Full Name: Last First M.I.

Address: StreetAddress Apartment/Unit#

City State ZIP Code

Home Phone: Alternate Phone:

E-mail Address:

Social Security Number or Government ID:

Birth Date: Marital Status:

Spouse, Children and/or Dependent Information

Table with 4 columns: Name (First/Last), Relationship, Birth date, Social Security Number. Multiple empty rows for data entry.

Emergency Contact Information

Full Name Last First M.I.

Address: StreetAddress Apartment Unit #

City State ZIP Code

Primary Phone: Alternate Phone:

Relationship:

Signature of Employee Date

Please notify the Finance Department of any changes in the above information during the year, as it may affect your insurance (medical, life, or dental insurance) or your pension.