



# CITY OF BERKLEY

## EMPLOYEE INFORMATION CHANGE FORM

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

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

### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address 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

Name (First/Last)	Relationship	Birth date	Social Security Number

### Emergency Contact Information

Full Name \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address 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.*