



Personnel Data Change Form

Previous Information – Complete all items			
Employee's First Name	Middle Initial	Last Name	
Previous Street Address (Mailing Address)		Previous City, State, Zip	
Previous Primary Phone Number (Include Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home	Previous Secondary Phone Number (Include Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home		

New Information – Complete all items			
Employee's First Name	Middle Initial	Last Name	
New Street Address (Mailing Address)		New City, State, Zip	
New Primary Phone Number (Include Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home	New Secondary Phone Number (Include Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home		

Employee Signature
Date

Office use only:

Date System Changed:	Changed by:
Date Change Verified:	Verified by:

Please return completed form to:

Leah Miller
Human Resources
(lmiller@moline.il.us)

<p>Human Resources use only:</p> <input type="checkbox"/> Health insurance <input type="checkbox"/> 1095 Filing Report spreadsheet <input type="checkbox"/> IMRF/Police or Fire Pension <input type="checkbox"/> ICMA-RC <input type="checkbox"/> Risk Management software <input type="checkbox"/> Tax forms (if changing state or name) <input type="checkbox"/> I-9 (if changing name)
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