



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:
 Fawn Schultz
 Human Resources
 (fschultz@moline.il.us)

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