

CITY OF FITCHBURG

EMPLOYEES: ADDRESS – PHONE NUMBER – NAME CHANGES

All changes must be on this form, it cannot be accepted via telephone/e-mail.



PLEASE RETURN THIS FORM TO PAYROLL

DATE: _____

DEPT: _____

POSITION: _____

CHANGE(S) TO BE COMPLETED:

* NAME Current	Last:	Change to:
	First:	Change to:
Previous ADDRESS		
	Town/City	Zip
New ADDRESS		
	Town/City	Zip
PHONE NUMBER(S)	Home:	Cell:
For accuracy, please describe change request.		

I verify that the above information is accurate to the best of my knowledge and authorize the City of Fitchburg to make these changes:

Signature: _____

For Office Use Only

	Human Resources
	Payroll
	Information Technology