



**CITY OF FITCHBURG
EMPLOYEE ADDRESS OR NAME CHANGE FORM**

Please return this form to HUMAN RESOURCES, along with any required documentation.*

This form must be used for all applicable changes. Changes will not be accepted via telephone or e-mail format.

CHECK ALL REQUESTED CHANGE(S):

* NAME (Current)	CURRENT Last:	NEW Last:
	CURRENT First:	NEW First:
ADDRESS Current	Number/Street:	
	City	State
ADDRESS NEW	Number/Street:	
	City	State
PHONE NUMBER(S):	Home:	Cell:
E-Mail Address:	Current:	New:

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

Print Name: _____ Signature: _____

Date: _____ Department: _____ Position/Title: _____

***All NAME changes MUST be accompanied by the following:
(Check documents being submitted)**

For HR Use Only:

	Court Paperwork (Divorce Decree)
	Marriage Certificate
	NEW Driver's License
	NEW Social Security Card
	Other Related Documents:

	Auditor
	Human Resources
	Information Technology
	Payroll
	Retirement

Date Received:	Date change(s) made/verified:	HR Initials:
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