

City of Albuquerque Personal Information Update Form

Employee Name Please Print:		Employee ID #	
. ,	Last Name,		
****Below indic	ate Requested CHANGES	ONLY	PLEASE PRINT****
Section I – Personal Information Employee Signature/Date			
Changes to SECTION I requires the employee to hand-deliver this form to Insurance & Benefits Division. Other documents INCLUCING AN I-9 FORM will need to be completed.			
New Employee Name:			Supporting Documents Required
New Street Address: _			
New Mailing Address:			
New Home Phone:	Phone: New Cell Ph		Phone:
Section II – Emergency Contact Information Employee Signature/Date			
New Emergency Contact Name:			
New Contact Relationship:			
New Contact Daytime Phone:			
New Contact Evening Phone:			
New Contact Address			
Section III – Work Location Information Dept. Coordinator Signature/Date			
New Office Address: _			
New Office Phone:			
New Contact Daytime Phone: New 311 Contact Phone:			
In accordance with the City of Albuquerque Personnel Rules & Regulations, Chapter 1006: "Employees are responsible for keeping their personnel records updated. This included, but is not limited to education, experience, address, phone number and emergency notification information. "Dept. Coordinator responsible for updating work location information.			
HR ACTION:	Insurance/Benefits:		Date
	Insurance/Benefits:(Full National Entered in System by:	nme)	Doto
	(Full Na	nme)	Date