



City of Albuquerque

Personal Information Update Form

Employee Name PLEASE PRINT: _____ Employee ID#: _____
Last Name, First Name

******Below indicate 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 INCLUDING AN I-9 FORM will need to be completed.*

New Employee Name: _____ - Supporting Documents Required

New Street Address: _____

New City/State Zip: _____

New Mailing Address: _____

New Home Phone: _____ New Cell 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 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 includes, 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: _____
(Full Name)
Entered in System by: _____ Date: _____
(Full Name)