



City of Albuquerque

HUMAN RESOURCES EMPLOYMENT DIVISION

PERSONAL INFORMATION UPDATE FORM

Employee Name (Please Print): _____ Employee ID #: _____
Last Name First Name

Indicate Below Requested Changes Only – Please Print

Section I – Personal Information

Changes to Section I requires the employee to hand-deliver this form to the HR Employment Division or submit to their respective HR Coordinator to submit to the HR Employment Division.

New Employee Name: _____ (Supporting documents required, i.e. marriage license, court documents, etc.)

New Street Address: _____

New City/State/Zip: _____

New Mailing Address: _____

New Home Phone: _____ New Cell Phone: _____

Section II – Emergency Contact Information

New Emergency Contact Name: _____

New Contact Relationship: _____

New Contact Daytime Phone: _____ New Contact Evening Phone: _____

New Contact Address: _____

EMPLOYEE SIGNATURE

DATE

Section III – Work Location Information

New Office Address: _____

New Office Phone No: _____ 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 is responsible for updating work location information.

DEPT. HR COORDINATOR SIGNATURE (IF APPLICABLE)

DATE

HR ACTION: EMPLOYMENT DIVISION: _____ DATE: _____

Entered in System by: _____ Date: _____ REV. 8/09