

**CITY OF HAGERSTOWN**  
**EMPLOYEE CHANGE IN PERSONAL INFORMATION**

Please complete the following and submit to HR

**EMPLOYEE**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SS # \_\_\_\_\_ Emp.NO. \_\_\_\_\_ Eff. Date \_\_\_\_\_

Reason for Change:  Moved    New State  Yes  No     \*Marriage  \*Divorce  
\*Additional Information May Be Required

TYPE CHANGE:  Name:  
Enter if New Name: \_\_\_\_\_

Address:  
Enter if New Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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H.R. USE ONLY:  MUNIS UPDATED      Change of State  Yes  No

**NOTIFIED:**

Taxes	<input type="checkbox"/> MUNIS
Medical	<input type="checkbox"/> MUNIS <input type="checkbox"/> Vendor
Dental	<input type="checkbox"/> MUNIS <input type="checkbox"/> Vendor
Vision	<input type="checkbox"/> MUNIS <input type="checkbox"/> Vendor
Vol. Benefits	<input type="checkbox"/> MUNIS <input type="checkbox"/> Vendor
ACA – Syncstream	<input type="checkbox"/> Vendor
Retirement	<input type="checkbox"/> MUNIS <input type="checkbox"/> Vendor
Police Housing	<input type="checkbox"/> MUNIS
Other	<input type="checkbox"/> Explain _____

Information updated by: \_\_\_\_\_ Date: \_\_\_\_\_