

Appendix Number 27

EMPLOYEE INFORMATION/CHANGE OF STATUS FORM

(Employee must complete within 10 days of any Change of Status)

1. EMPLOYEE'S NAME and ADDRESS: (Please Complete)

OLD

CURRENT

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

Is the above information releasable to the public? (Please circle one) Yes No

2. EMPLOYEE'S MARITAL STATUS: (Please Circle One)

SINGLE

MARRIED

SEPARATED

DIVORCED

WIDOW(ER)

SPOUSE'S NAME, if applicable: _____

CHILDREN'S NAMES and their AGES: _____

3. EDUCATION: _____

4. I understand that it is my responsibility to notify Tremonton City in writing of any, and all, changes to the above information within ten (10) days of the occurrence of such changes.

Employee's Signature

Date

Notes:

REV 02-12.1

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