



Department of Human Resources

Employee Information Update Form

PLEASE NOTE: ALL information is required. This form replaces the current form in your personnel file, so it is necessary for you to complete the form in its entirety. Thank you.

Employee Name: _____ EE# or S.S.#: _____

E-mail: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor: _____

Alternate Phone Number: _____

This is a change in address/phone number. If checked, effective date of change: _____

Signed: _____ Dated: _____
Employee Name

Please request and **complete** a new form if ANY of the above information changes – thank you.

***PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCE DEPARTMENT
City Hall, 1101 Poyntz Ave; Manhattan, KS 66502***

To be Completed by Human Resources

Date Received:

Changes made by: