



Town of Los Gatos

Employee Information Change Form

Address / Phone Number / Emergency Contact / Name Change

Employee: _____
Last Name First Name M.I.

Social Security Number: XXX / XX / _____ Employee Number: _____

Work Telephone Number: _____ Department: _____

Select the check boxes below to for each item to be updated and submit to H.R.

☐ Name Changed To: _____
For a name change, a copy of your new Social Security Card is required. Please attach. See Name Change Checklist for a list of all records to consider.

☐ Address Changed To:
Street Address: _____
City, State, Zip: _____

☐ Telephone Number: () _____

☐ Emergency Contact:
Remove contact name(s): _____
Add following contact(s)

Name: _____

Relationship: _____ Telephone Number: () _____

Employee's signature Date

Note to employee:

- If applicable, notify ICMA (deferred comp) directly of your changes.
ICMA: 1-800-669-7400 or log on to www.icmarc.org.

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HUMAN RESOURCES ONLY:

myCalPERS _____ Deltal Dental _____ VSP _____
American Fidelity _____ OPF label updated _____ I-9 updated _____