



# CITY OF FITCHBURG

## EMPLOYEE CHANGE OF ADDRESS/PHONE NUMBER/NAME

**PLEASE RETURN THIS FORM TO PAYROLL**

**This form must be used for all applicable changes. Changes will not be accepted via e-mail or phone.**

### CHANGE(S) TO BE COMPLETED:

* NAME (Current)	Last:	Change to:
	First:	Change to:
Previous ADDRESS	Number/Street:	
	Town/City	Zip
New ADDRESS	Number/Street:	
	Town/City	Zip
PHONE NUMBER(S)	Home:	Cell:
For accuracy, please describe change request.		

I verify that the above information is accurate to the best of my knowledge and authorize the City of Fitchburg to make these changes:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Last First

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**\*All NAME changes MUST be accompanied by:**

**For Office Use Only:**

	Court Paperwork (Divorce Decree)
	Marriage Certificate
	NEW MA Driver's License
	NEW Social Security Card
	Other Related Documents: _____

	Auditor
	Human Resources
	Information Technology
	Payroll
	Retirement