



**Change of Address/Name Change/Emergency Contact  
FORM – ACTIVE EMPLOYEES**

**Please update your personal information for our records:**

EMPLOYEE (Last four digits) SOCIAL SECURITY NUMBER: \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_ **OLD NAME:** \_\_\_\_\_

Documentation **NEW NAME:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

**NEW ADDRESS EFFECTIVE DATE:** \_\_\_\_\_

**NEW HOME PHONE:** \_\_\_\_\_  
(Area Code) (Number)

**NEW EMAIL ADDRESS:** \_\_\_\_\_

**NEW EMERGENCY CONTACT:**

#1 \_\_\_\_\_  
Name Address (City) (State) (Zip)

#1 \_\_\_\_\_  
(Area Code) (Number)

**NOTE:** Please note that completion of this form will only update information in our payroll system. If you need to update your address for Retirement Systems of Alabama and Local Government Health Insurance, you must complete a separate form.

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

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Human Resources