

**CITY OF FLINT PERSONNEL OFFICE**  
**Employee Information Change Form**

Effective Date: \_\_\_\_\_ Department/Division: \_\_\_\_\_

**TYPE OF CHANGE:** (Please check appropriate space)

\_\_\_\_ Name Change \_\_\_\_ Address Change \_\_\_\_ Telephone Number \_\_\_\_ Email \_\_\_\_ Change All

**FROM: (PLEASE PRINT CLEARLY)**

Name (first, middle initial, last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(Area Code) Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**TO: (PLEASE PRINT CLEARLY)**

Name (first, middle initial, last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(Area Code) Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**MAILING ADDRESS: (If different from address PLEASE PRINT CLEARLY)**

Name (first, middle initial, last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(Area Code) Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**EMAIL ADDRESS: (PLEASE PRINT CLEARLY)**

Current Email \_\_\_\_\_ New

Email \_\_\_\_\_

**PLEASE NOTE:** This change will include an update to your medical, optical and dental insurance if applicable. **Changes for ICMA, Equitable and Savings Bonds MUST be made in person at the Retirement & Benefits Office located in the basement of City Hall opposite the Human Resources (Personnel) Office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date