EMPLOYEE INFORMATION CHANGE REQUEST

NAME OF EMPLOYEE:_____
(Please Print Clearly)

DEPARTMENT:_____

[ ] I am changing my address:

PREVIOUS ADDRESS: _____

_____

NEW ADDRESS: _____

_____

You are required to contact PERF to change your address*

[ ] I am changing my name:

PREVIOUS NAME: _____

NEW NAME: _____

REASON FOR CHANGE: _____

You are required to contact PERF to change your address*

[ ] I am changing my telephone number:

PREVIOUS NUMBER:_____

NEW NUMBER: _____

This letter serves as written notification that I have updated my address with the City of Bedford.

EMPLOYEE SIGNATURE _____ DATE_____

Notification of change in address or marital status. It is the responsibility of the employee to report any change in address or marital status immediately to the Director of Administrative Services: Denise Henderson, 1102 16th Street, Bedford, IN 47421; Fax: (812) 275-1608; or email dhenderson@bedford.in.us.