



TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187

www.ellington-ct.gov

Employee Change of Personal Information Form

Please complete the form below and return to the Human Resources office as soon as possible. Be sure to remember to update this form as changes occur.

Employee Name _____

Employee Street Address _____

Town _____ State _____ Zip _____

Employee Home Phone: _____ Employee Cell Phone: _____

Employee Email Address: _____

Please provide up to two emergency contacts:

1) Emergency Contact:

Name: _____ Phone: (____) _____

Relationship to employee: _____

2) Emergency Contact:

Name: _____ Phone: (____) _____

Relationship to employee: _____

Signature _____ Date _____

cc: Department Head
Finance/Payroll via scan
Original: Employment File