STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

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 indicating any changes/new information and return to the Human Resources office as soon as possible. Be sure to remember to update this form as changes occur. ****To change your name, include your updated social security card and a copy of your proof of legal name change (marriage cert/divorce decree/court order).**

Employee Name _____

Employee Name Change:** _____

Employee New 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: _____

Employee Signature_____ Date_____

RETURN TO HUMAN RESOURCES along with any required documentation.