



# City of Albuquerque Personal Information Update Form

Employee Name Please Print: \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Last Name, First Name

\*\*\*Below indicate Requested CHANGES ONLY PLEASE PRINT\*\*\*

## Section I – Personal Information \_\_\_\_\_

Employee Signature/Date

Changes to SECTION I requires the employee to hand-deliver this form to Insurance & Benefits Division. Other documents INCLUDING AN I-9 FORM will need to be completed.

New Employee Name: \_\_\_\_\_ - Supporting Documents Required

New Street Address: \_\_\_\_\_

New City/State Zip: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_ New Cell Phone: \_\_\_\_\_

## Section II – Emergency Contact Information \_\_\_\_\_

Employee Signature/Date

New Emergency Contact Name: \_\_\_\_\_

New Contact Relationship: \_\_\_\_\_

New Contact Daytime Phone: \_\_\_\_\_

New Contact Evening Phone: \_\_\_\_\_

New Contact Address \_\_\_\_\_

## Section III – Work Location Information \_\_\_\_\_

Dept. Coordinator Signature/Date

New Office Address: \_\_\_\_\_

New Office Phone: \_\_\_\_\_

New Contact Daytime Phone: \_\_\_\_\_ New 311 Contact Phone: \_\_\_\_\_

In accordance with the City of Albuquerque Personnel Rules & Regulations, Chapter 1006:  
“Employees are responsible for keeping their personnel records updated. This included, but is not limited to education, experience, address, phone number and emergency notification information. “ Dept. Coordinator responsible for updating work location information.

HR ACTION: Insurance/Benefits: \_\_\_\_\_ Date \_\_\_\_\_  
(Full Name)

Entered in System by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Full Name)