

Town of Andover and Andover Public Schools Employee Personal Information Change Form



Human Resources advise all employee's to communicate Name, Address, Phone Number, and Email Address changes to their supervisor in case of workplace emergencies.

Employee Name:

Last Name

First Name

Middle Name

Employee Social Security Number:

Department:

New Name**:

Last Name

First Name

Middle Name

** Please note that before Human Resources processes a name change, a copy of the employee's new social security card reflecting the change is required.

Nickname:

New Address:

Street Number and Name

Apt. No.

City

State

Zip

New Phone Number:

New Email Address:

Do you have any of the following through the Town of Andover?

Health Insurance: Yes ___ No ___ Dental: Yes ___ No ___ Vision: Yes ___ No ___

Flexible Spending: Yes ___ No ___ ICMA 457 Deferred Compensation: Yes ___ No ___

IMPORTANT: ALL FIRE AND POLICE EMPLOYEES REQUIRE CHIEF'S APPROVAL

Employee Signature

Date

Chief's Approval

Date

HR USE ONLY

Benefits Specialist

BC DD VS UB SB DC

Date

HR Administration

Munis Aesop Aspen MLP Tech Seniority
(Name Change Only)

Date

Scanned/Sent to Retirement Office (non teachers): Y/N

RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE