

# 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 # or Last 4 digits of Social Security #:

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**