



EMPLOYEE DATA RECORD CHANGE
 Human Resources
 205 Second Avenue NW
 (701) 667-3217 | hr@cityofmandan.com

PART A EMPLOYEE'S NAME			
Name (Last, First, Middle, Suffix)		Job Title	
Department		Supervisor	
PART B ADDRESS CHANGE			
Mailing Address	City	State	Zip Code
PART C MARITAL STATUS CHANGE			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse's Name	
PART D NAME CHANGE			
Former Name (Last, First, Middle)			
New Name (Last, First, Middle)			
PART E TELEPHONE NUMBER CHANGE			
Home	Area Code and Telephone Number		
Work	Area Code and Telephone Number		
Cell	Area Code and Telephone Number		
PART F E-MAIL CHANGE			
E-mail Address			
PART G EMERGENCY CONTACT			
Contact Name		Relationship:	
Mailing Address	City	State	Zip Code
Phone Number			
PART H EFFECTIVE DATE OF CHANGE(S)			
Effective Date			
PART I AUTHORIZATION			
To the best of my knowledge and belief, the information that I have provided on this form is correct.			
_____		_____	
Employee Signature		Date	