



EMPLOYEE INFORMATION CHANGE FORM

Employees of the City of Eagle Pass may use this form to make personal information changes. The changes noted on this form will automatically update your payroll check, W-2 form and any insurance held through your employer's payroll.

Employee Name: _____

Employee Number: _____

Department: _____

TYPE OF CHANGE
(select all that apply)

☐ **Address:**

☐ Physical

☐ Mailing

☐ **Phone Number:**

☐ **e-mail:**

☐ **SSN**
(documentation
required)

☐ **Name Change**

☐ Marriage

☐ Divorce

☐ Court Order

☐ Other

NEW INFORMATION

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

(_____) _____ - _____

Former SSN:

New SSN:

COMPLETE THIS SECTION FOR NAME CHANGE ONLY

Former Name: _____
(last, first, middle)

New Name: _____
(last, first, middle)

Note: Supporting documentation is required.

I hereby affirm that the information is true and correct and authorize the City of Eagle Pass to update my information.

Employee Signature

Date Signed