



Our purpose is OUR people

CITY OF LAREDO HUMAN RESOURCES DEPT. Demographic Information Change Form

EMPLOYEE ID # _____ DEPT. NAME/NO. _____

EMPLOYEE'S NAME: _____
LAST FIRST MI

SELECT SECTION(S) OF CHANGE(S):

NEW ADDRESS: _____

(City) (State) (Zip Code)

NOTE: Ensure to update your address at WWW.MYTMRS.COM

PHONE NUMBER: _____

NEW NAME CHANGE (Attach copy of social security card): _____

Marital Status (For Federal Withholding changes, use W-4 form): SINGLE MARRIED DIVORCED WIDOWED

Driver License Type: _____ **Number:** _____ **Exp. Date:** _____

U.S. Citizen: YES NO

Veteran (Attach DD214): YES NO

Personal E-Mail Address: _____
(Not for Direct Deposit)

EMERGENCY CONTACT

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

HIGHEST EDUCATION LEVEL:

- Vocational/Technical *Bachelor's Degree, Major: _____
- G.E.D. _____ *Master's Degree, Major: _____
- *Some college: # of credits _____ * PH.D: _____

* Must provide official sealed transcript

SIGNATURE: _____ **DATE:** _____