

Appendix Number 28

**EMPLOYEE INFORMATION/CHANGE OF STATUS FORM
(Employee must complete within 10 days of any Change of Status)**

1. EMPLOYEE'S NAME and ADDRESS: (Please Complete)

	<u>OLD</u>	<u>CURRENT</u>
FULL NAME:	_____	_____
STREET ADDRESS:	_____	_____
CITY, STATE, ZIP CODE:	_____	_____
TELEPHONE NUMBER:	_____	_____

Is the above information releasable to the public? (Please circle one) Yes No

2. EMPLOYEE'S MARITAL STATUS: (Please Circle One)

SINGLE MARRIED SEPARATED DIVORCED WIDOW(ER)

SPOUSE'S NAME, if applicable: _____

CHILDREN'S NAMES and their AGES: _____

_____	_____
_____	_____
_____	_____

3. EDUCATION: _____

4. I understand that it is my responsibility to notify Tremonton City in writing of any, and all, changes to the above information within ten (10) days of the occurrence of such changes.

Employee's Signature

Date

Notes