

**PERSONAL DATA CHANGE FORM**

**PURPOSE:** To notify the Human Resource Management Department of any personal changes, such as name or address changes.

**INSTRUCTIONS:** Complete the appropriate block, provide the information requested, sign and date the form, and return it to the Human Resource Management Department.

433 Bolivar Street, New Orleans, LA 70112 or FAX to 504-568-8010.

**PLEASE PRINT EXCEPT FOR SIGNATURE.**

**NAME CHANGE (Please attach a copy of your social security card reflecting the name change):**

Old Name \_\_\_\_\_

New Name \_\_\_\_\_

**ADDRESS CHANGE:**

Old Address \_\_\_\_\_

\_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE NUMBER CHANGE:**

Old Phone Number \_\_\_\_\_

New Phone Number \_\_\_\_\_

**OTHER PERSONAL CHANGE (INDICATE CHANGE):**

\_\_\_\_\_

\_\_\_\_\_

If your marital status has changed, please indicate status:

Single      Married      Divorced

Do you have flexible spending accounts (healthcare/childcare reimbursement)?      Yes      No

Do you have savings bonds?      Yes      No

PRINT EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_