

**TOWN OF SWAMPSCOTT
PERSONAL INFORMATION CHANGE FORM**

Employee Name: _____ Dept _____

Effective Date of Change: _____

CHANGE EXISTING EMPLOYEE RECORD:

New Name _____

New Address _____

New Tel No. _____

***Return form to Human Resources Department with any accompanying
documentation***

Internal Use Only

- ☐ Update Employee Master File
- ☐ Update with Benefits Systems
- ☐ Forward Copy to Retirement Office