

# **TOWN OF HOLLISTON EMPLOYEE CHANGE FORM**

Please make the following changes in my personnel records:

Name: \_\_\_\_\_

(If you have married, please provide us with a copy of your marriage certificate)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

(Please list a name, relationship and phone number)

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

(If we have the wrong social security number, please provide us with a copy of your social security card)

Date of Birth: \_\_\_\_\_

(If we have the wrong date, please provide us with a copy of your birth certificate)

Email Address: \_\_\_\_\_

**If you have a change in the number of dependents, please contact the  
Treasurer's office immediately.** (example: birth of a child, child goes to work fulltime  
etc)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name**