

City of Gardner
Human Resources Department
95 Pleasant Street, Rm. 14
Gardner, MA 01440
Phone: 978-630-4001 ♦ Fax: 978-630-4025

CHANGE FORM

Date: _____

Employee Name: _____ Department: _____ Employee #: _____
(First, Middle Initial, Last)

Please make the following change(s) (needs only employee's signature):

If changing your name, please provide documentation, i.e. marriage certificate, social security card.

Former Name: _____ Name Change: _____

Residential Address: _____
(Number, Street, City, State, Zip)

Mailing Address _____
(Number, Street, City, State, Zip)

Home Telephone Number (including area code): _____ Phone number is unpublished

Changes in Employment Status (needs Department Head and City Auditor signatures):

Change in Employee Payroll Account Number: _____ Reason for Change (please specify): _____

Effective Date: _____ From: _____ To: _____

Step/Contract/Ordinance Raise:

Effective Date: _____ Bargaining Unit _____ Step: _____ Rate: \$ _____

Work Schedule/Hours Change:

Effective Date: _____ Bargaining Unit: _____ Hours Decreased/
Increased From: _____ to _____

NOTE: Changes of employee status from *Part-time to Full-time* should be done on an Employment Information Sheet since the employee may have changes in his/her benefits.

Employee Signature Date Department Head (if applicable) Date

City Auditor (if applicable) Date Human Resources Director Date

Copy to: Payroll and Auditor

Original to: Personnel