



TOWN OF TOPSFIELD

Employee Personal Data Change Form

Please Print All Information

Employee Name:		Employee Number:
Department:		Effective Date of Change:
Contact phone:	Contact email:	

Please revise my personnel records to reflect the following change:

New Name:	
New Marital Status: (single, married, divorced, widow)	Change in number of dependents (specify):

New Address: <i>A new federal tax form (W-4) & state tax form (M-4) are required with any address change</i>	
Street Address:	City / State / Zip:

New Phone Number(s):	
Preferred Phone:	Alternate Phone:

New Emergency Contact:	
Name:	Relationship:
Phone:	Alternate Phone:

Other: <i>Additional documentation may be required</i>	

Employee Signature:	Date Submitted:

Please send completed form to Payroll/Benefits Coordinator ~ Topsfield Town Hall, 8 West Common St., Topsfield, MA 01983 or fax to 978-887-1527