



TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, CT 06067
www.rockyhillct.gov
(Rev. 11/11/21) CC: File

EMPLOYEE CHANGE OF NAME/ADDRESS FORM

Department Job Title Bargaining Unit (if applicable)

CURRENT INFORMATION:

Last name First Name MI Suffix

Address City/Town State Zip Code

NEW INFORMATION:

Last name First Name MI Suffix

Address City/Town State Zip Code

Phone Number

****If this is a name change, please attach a copy of your social security card with your new name.***

*****For a name and/ or address change, you are required to submit new federal and state W-4 forms.***

EMERGENCY CONTACT:

Name of Emergency Contact Relationship to Employee

Phone Number #1 Phone Number #2

Employee Signature **Date**

Received by Payroll on _____ by _____.