City of Klamath Falls

ADDRESS / EMPLOYEE INFORMATION CHANGE FORM

Date:_____

Name:_____

Mailing Address: _____

_____

☐ Please check this box if mailing address is different from physical address.

Email Address where paystub is sent:_____

Phone Number:_____ Phone Type:_____

Phone Number:_____ Phone Type:_____

Position:_____ Dept./Division:_____

The following information must be completed by new employee's only, not required for address, email, or phone number changes.

Social Security Number:_____

Date of Birth:_____

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Person(s) to contact in case of emergency:

1. Contact Name:_____

Contact Relationship:_____

Phone Number:_____ Phone Type:_____

Phone Number:_____ Phone Type:_____

2. Contact Name:_____

Contact Relationship:_____

Phone Number:_____ Phone Type:_____

Phone Number:_____ Phone Type:_____

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<u>New Employees Only (optional & confidential)</u>

For EEO-4 Required Reporting purposes please indicate your race below:

☐ **White**	(Not of Hispanic origin) Persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
☐ **Black**	(Not of Hispanic origin) Persons having origins in any of the black racial groups of Africa.
☐ **Hispanic**	Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
☐ **Native American**	Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
☐ **Asian or Pacific Islander**	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
☐ **Other**	Please describe/explain:

Route: Payroll_____

Employee Personnel File