



Town of East Windsor

CONFIDENTIAL

Employee Information Update

Printed Name: _____

Department: _____

The following information has **changed**:

Employee Name¹: _____

Employee Address: _____

Employee Telephone Number: _____

Emergency Contact: _____

Emergency Contact Telephone Number: _____

Remove: _____ from my Emergency Contact(s)

¹ If change is due to a marriage, attached a copy of the Marriage License

Signature: _____

Date: _____