



CITY OF RIVERTON
PERSONAL INFORMATION UPDATE

Please print clearly.

Name: _____

SSN: _____ DOB: _____

Physical Street Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: (H) _____ (C) _____

Email Address: _____

(Please supply the email address at which you would like to receive your paystub and any other personal HR information.)

By signing below, I acknowledge that the information provided is true and correct. I also acknowledge that HR can send correspondence to me at the above listed email address. If any of the above information changes, I understand that it is my responsibility to notify HR in a timely manner and acquire the necessary paperwork to update my information with all other entities that I have interest in.

Employee Signature

Effective Date

Employee Responsibility:

- If your name has changed, you are required to submit a copy of your social security card and drivers' license reflecting the change. If the name change is due to a recent marriage or divorce, a copy of the marriage certificate or divorce decree is also required.
- This form only updates the City's HR information. You will also be required to fill out additional forms for specific deductions, i.e. retirement, health insurance, etc. Please see Kristin in HR to obtain the required forms.