

County of Albemarle
Human Resources Department

Change of Personal Data Sheet

Instructions: Employees are responsible for maintaining personal data in the Human Resources Department. Changes should be reported on this form and returned to the Human Resources Office. (If you are making a change in your name, you *must* attach a copy of your **new** Social Security card showing this name change. We cannot update your personnel records before you notify the Social Security Office.) Name and address changes will be forwarded to the County's health and dental providers, where applicable. **Employees are responsible for updating their address with all other benefits providers (e.g. individually-owned insurance policies, deferred compensation, etc.); please contact these companies directly.** Forms are also available on-line at www.albemarle.org/hr.

Name of Employee: _____ Job Title _____

School/Department _____

*Name Change To: _____

Address Change To: _____
(Street)

(City)

(State)

(Zip)

City/County/Town of Residence:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Albemarle Co. (01) | <input type="checkbox"/> City of Harrisonburg (08) | <input type="checkbox"/> Fluvanna Co. (14) | <input type="checkbox"/> Orange Co. (20) |
| <input type="checkbox"/> Amherst Co. (03) | <input type="checkbox"/> City of Lynchburg (09) | <input type="checkbox"/> Greene Co. (16) | <input type="checkbox"/> Rockingham Co. (25) |
| <input type="checkbox"/> Augusta Co. (05) | <input type="checkbox"/> City of Staunton (10) | <input type="checkbox"/> Louisa Co. (17) | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Buckingham Co. (06) | <input type="checkbox"/> City of Waynesboro (11) | <input type="checkbox"/> Madison Co. (18) | |
| <input type="checkbox"/> City of Charlottesville (07) | <input type="checkbox"/> Culpeper Co. (12) | <input type="checkbox"/> Nelson Co. (19) | |

Home Email Change To: _____ (max. 30 characters)

Work Email Change To: _____ (max. 30 characters)

Telephone No. Change To: _____ Check here if number is unlisted

(FOR SCHOOL EMPLOYEES ONLY)

Do you want to be included in the School Directory?

- | | |
|--|---|
| <input type="checkbox"/> Yes, include name, address & phone number (Y) | <input type="checkbox"/> Yes, include name and address only (P) |
| <input type="checkbox"/> Yes, include name only (B) | <input type="checkbox"/> No, do not include (N) |
| <input type="checkbox"/> Yes, include name and phone number only (A) | |

Emergency Contact Change To:

Name: _____
(Last) (First) (MI)

Address: _____
(Street)

(City) (State) (Zip)

Phone #: _____ Relationship: _____

(Employee Signature)

(Date signed)

