



# TOWN OF SHALLOTTE

## PERSONNEL RECORD CHANGE FORM

**(PLEASE ONLY FILL OUT THE INFORMATION THAT HAS CHANGED)**

**CURRENT INFORMATION:**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Direct Deposit Info: \_\_\_\_\_

State/Federal Tax Withholding: \_\_\_\_\_

**UPDATED INFORMATION:**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Direct Deposit Info: \_\_\_\_\_

**(A COPY OF A VOIDED CHECK OR BANK VERIFICATION LETTER IS NEEDED BEFORE CHANGING)**

State/Federal Tax Withholding: \_\_\_\_\_

**(NEW NC-4 AND W-4 FORMS WILL NEED TO BE ATTACHED, IF CHANGING)**

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship to you? \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_