



# COUNTY OF GLENN

## Employee Information Update Form

Effective Date: \_\_\_\_\_

Requested Change:       Name                       Address                       Phone Number

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

Department: \_\_\_\_\_

\*\*\*\*\*

New Name (If applicable): \_\_\_\_\_

New address (If applicable): \_\_\_\_\_

\_\_\_\_\_

New Phone Number (If applicable): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*\*Upon completion, please submit form to the Personnel Department for processing.*