

City of Carson Human Resources Department

Employee Information Form

Check Appropriate Box

- | | |
|--|--|
| <input type="checkbox"/> New Hire
<input type="checkbox"/> Address/Phone Change | <input type="checkbox"/> Name Change
<input type="checkbox"/> In Case of Emergency Change |
|--|--|

Employee Name:

Employee I.D. Number:

Social Security Number:

Home Address:

City, State, Zip:

Phone Number:

Former Name:

In Case of Emergency/Illness Contact

Name: Last, First, Middle:

Relationship to Employee:

Street Address:

City, State, Zip

Home Phone Number:

Work Phone Number, Ext.:

Employer and Department:

Employer Address:

Employee Signature:

Date:

FOR USE OF HUMAN RESOURCES STAFF ONLY

ORIGINAL to H.R./Entered in IFAS by: _____ **COPY** to Benefits Staff on: _____

COPY to Payroll on: _____ **COPY** to Risk Mgmt on: _____

FOR USE OF BENEFITS STAFF ONLY

ONLINE CalPERS (MyCalPERS – Health/457)

Health Region Change: ___ Yes ___ No

FAX UNUM LTC 423-642-5249 ING

ICMA Dental Vision