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EMPLOYEE INFORMATION / CHANGE OF STATUS FORM

Employee Name: _____ Employee Number: _____

1. Employee name and address change (please complete)

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone / Cell: _____

Is the above information releasable to the public? No Yes

2. Employee marital status:

Single Married Divorced Widowed

Spouse's Name (if applicable): _____

Social Security Number: _____

Date of Birth: _____ Phone Number: _____

Family Member Information:

Name	Relationship	Age	DOB	Social Security Number

3. In case of emergency, please notify:

Name Phone Number Relationship

Name Phone Number Relationship

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Employee Signature

Date