CITY OF EAGAN EMPLOYEE CHANGE FORM

☐ Name Change	☐ Address Change	☐ Status Change	EFFECTIVE DATE Click here to enter a date.		
EMPLOYEE INFO	RMATION				
EMPLOYEE	ID NO				
LAST NAME			_		
FIRST NAME				_	
MIDDLE IN	TIAL				
CHANGE NAME TO					
	First	M.I.	1	Last	
ADDRESS INFORM	MATION				
GEDEET ADDRESS	OLD OLD		NEW		
STREET ADDRESS					
CITY					
STATE					
ZIPCODE					
STATUS CHANGE	,				
☐ Married ☐ Divorce ☐ Other					
PRINT & SIGN					
		derstand that I will need will be processed with		al documentation to support	
Employee Signature Date					
HR Office Use Only Comments:	Processed By:			Date:/	