

TOWN OF NORTH HEMPSTEAD  
DEPARTMENT OF FINANCE

THIS FORM IS TO BE USED FOR ALL CHANGES OR CORRECTIONS TO AN  
EMPLOYEE'S RECORD. INFORMATION PROVIDED WILL THEN BE USED TO  
UPDATE THE EMPLOYEE'S PERSONNEL/PAYROLL AND HEALTH RECORDS.

EMPLOYEE NAME \_\_\_\_\_  
EMPLOYEE ID NUMBER \_\_\_\_\_  
EMPLOYEE DEPARTMENT \_\_\_\_\_  
TOWN TELEPHONE EXTENSION \_\_\_\_\_

<b>LIST ADJUSTMENT HERE: EXAMPLE *CHANGE ADDRESS TO:</b>

**DEPARTMENT AUTHORIZATION:**  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETED FORMS TO BE RETURNED TO THE DEPARTMENT OF FINANCE  
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**DEPARTMENT OF FINANCE USE ONLY**  
**PAYROLL UPDATED**  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONNEL UPDATED**  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**HEALTH UPDATED**  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**COMPUTER UPDATED**  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_