



# CITY OF GREENVILLE

## EMPLOYEE INFORMATION UPDATE FORM

Annual update as requested by HR  Employee Update effective \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Gender:**  M  F      **Race/Ethnicity:**  White  Black  
 Hispanic  Asian  
 American Indian/Alaskan Native  
 Other \_\_\_\_\_

**Marital Status:**  Single  Married

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number(s):** \_\_\_\_\_

**Cell Phone Number(s):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

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### HR USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Payroll by: \_\_\_\_\_ Date: \_\_\_\_\_