



Andrew P. Flanagan
Town Manager

TOWN OF ANDOVER

Human Resources Office
36 Bartlet Street
Andover, MA 01810
(978) 623-8960
www.andoverma.gov

TOWN OF ANDOVER EMPLOYEE PERSONAL INFORMATION CHANGE FORM

Employee Name:

Last Name

First Name

Middle Initial

Employee # or Last Four SSN:

Department:

New Name (*You must submit a copy of your new Social Security Card reflecting the name change*):

Last Name

First Name

Middle Initial

New Address:

Street Number & Name

Apt./Unit No.

City

State

Zip

Phone Number:

Home Email:

Home

Cell

Benefits (*Check any and all to which you subscribe via the Town of Andover*):

Health Insurance _____ Dental Insurance _____ Vision Insurance _____

Flexible Spending _____ Mission Square 457 _____ Andover Retirement _____

Employee Signature

Date

Chief's Approval (*REQUIRED for Police and Fire Employees Only*)

Date

cc: Employee Personnel File
Andover Retirement
Town Payroll

**** Return this form to Town Human Resources via email, interoffice email, fax or hand delivery ****