

**POTTAWATTAMIE COUNTY AUDITOR
AND ELECTION COMMISSIONER**
PO BOX 649
COUNCIL BLUFFS, IOWA 51502-0649



Pottawattamie County Payroll Department
Phone: 712-328-5700 Option 6 or 1
Internal Extensions: 3015 or 3027
SECURE Fax: 712- 328-4781

PERSONAL INFORMATION CHANGE FORM

I, _____ am submitting this form to change my:
(Print Name)

Employee ID# or SS# (last 4 digits of SS# only):	
Check all that apply and complete corresponding section below with new information:	
<input type="checkbox"/>	Name - ATTACH a Copy of New Social Security Card (must match name of Social Security Card)
<input type="checkbox"/>	Address
<input type="checkbox"/>	Phone
<input type="checkbox"/>	Emergency Contact Person
<input type="checkbox"/>	**Marital Status – ATTACH a Copy of Your Marriage Certificate or Divorce Decree

Please Print

Name <small>(Must attach a copy of New Social Security Card)</small>	Last	First	MI
Address	Street		
City	State	Zip Code	
Phone Number-Home			
Phone Number-Mobile			
Emergency Contact	Print Full Name	Phone Number	
Emergency Relation <small>(Spouse, sibling, parent, etc.)</small>			
Effective Date of Change			
Employee Signature		Date	

*Other changes in status can affect payroll tax deductions, insurance benefits, retirement plan benefits, and other important areas that affect employees' lives.

*These changes MUST be reported to Payroll Department. Contact 712-328-5700 Option 6.

*Remember that changes in dependency MUST be reported within 30 days of occurrence.

**Documentation is needed to change marital, divorce or dependency status, i.e. marriage certificate, final divorce decree, or birth certificate.