

CITY OF LUMBERTON

EMPLOYEE STATUS CHANGE

Full Name: _____ Employee #: _____

Department: _____

Change of Address:

Street Address

City

State

Zip Code

Telephone Number(s):

Home: (____) _____

Cell: (____) _____

Marital Status:

Name Change:

**Requires Documentation*

Married

Previous Name: _____

Single

Legally Separated

New Name: _____

Emergency Contact

Contact Name: _____

Relationship: _____

Telephone Number: (____) _____

Alt. Phone Number: (____) _____

Employee Signature: _____

Date: _____