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Exhibit Q

# EMPLOYEE INFORMATION / CHANGE OF STATUS FORM

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

**1. Employee name and address change (please complete)**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_

Is the above information releasable to the public?  No  Yes

**2. Employee marital status:**

Single  Married  Divorced  Widowed

Spouse's Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Family Member Information:**

Name	Relationship	Age	DOB	Social Security Number

**3. In case of emergency, please notify:**

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

I understand that it is my responsibility to notify North Ogden City, in writing, of any and all changes to the above information within ten (10) days of the occurrence of such changes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date