

**CITY OF NORTH ROYALTON  
PERSONAL INFORMATION UPDATE - 2009**

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**EMPLOYEE INFORMATION**

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

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

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Marital Status:      Married      Single      Spouse's Name: \_\_\_\_\_

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Work Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

*Email address will be used to email payroll direct deposit advices to you.  
Please indicate which address you would prefer your direct deposit advice be emailed to.*

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**EMERGENCY CONTACTS**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Info: \_\_\_\_\_

*Please add additional contact information on reverse.*

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**DEPENDENTS**

*Complete only if covered by City health insurance*

	Name	Gender	Relationship	Social Security Number	Birthdate
Dependent #1					
Dependent #2					
Dependent #3					
Dependent #4					
Dependent #5					

*Please add additional dependent information on reverse.  
If dependent's primary address is different than employee's address, please note on reverse.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete this form, sign, date and return to the Finance Department.**