

FOR PERSONNEL ONLY

eHR

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS  
"To Enrich Lives Through Effective and Caring Services"

**REPORT OF CHANGES IN PAYROLL/PERSONNEL INFORMATION**

**Changes made in:**  Name  Address  Div/Sect  Post. No  
**(Please check as applicable)**  Phone No.  Pay Location  Home Unit

Employee Name: \_\_\_\_\_  
Last First M.I.

**Effective Date:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

Current Classification: \_\_\_\_\_

**New Div/Sect:** \_\_\_\_\_

Please complete information below as checked above (Please print):

**New Pay Location:** \_\_\_\_\_

Former Name  
(If changed): \_\_\_\_\_

**Old Pay Location:** \_\_\_\_\_

**New Pos. No:** \_\_\_\_\_

New **Work** Phone No. ( ) \_\_\_\_\_

**Title:** \_\_\_\_\_

New **Home** Address: \_\_\_\_\_  
Number Street Apt. No.

**New Home Unit No:** \_\_\_\_\_

City State Zip Code

**Alternate Home Unit No:** \_\_\_\_\_

New **Home** Phone No. ( ) \_\_\_\_\_

**If personal information changes, employee must sign.** Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_