

State of New Mexico

Local Public Body – Information Change Form



Employee Information	
Employee Name:	Employee SSN:
LPB Name:	LPB Code:
HR Name:	HR Phone:
Change for Employee or Dependent:	Effective Date:
<input type="radio"/> Employee <input type="radio"/> Dependent	
Dependent Name:	Dependent SSN:
Reason for Change:	(e.g. Change in Marital Status, Correction, Contact Information Update)

Type of Change/Correction	
<input type="checkbox"/> Name:	First MI Last
<input type="checkbox"/> Birthdate:	<input type="checkbox"/> Gender: <input type="radio"/> M <input type="radio"/> F <input type="checkbox"/> SSN:
<input type="checkbox"/> Salary:	<input type="checkbox"/> Phone:
<input type="checkbox"/> Address:	Street Address/PO Box
	City State Zip

Please include supporting documents as needed, e.g. Social Security Card for SSN change, driver's license for name change, etc.

Employee Signature: _____ Date: _____