

**Static Employee Information Change Form**

Transaction Code: ES

**\*EMPLOYEE ID**

\*Jurisdiction Name

**EMPLOYEE'S CURRENT INFORMATION**

Enter Employee Name and current information that is to be changed.

◆ Required fields for employees with service prior to June 1, 2004

SSN    -   -

\*First Name  MI  \*Last Name  Suffix

◆ HOME ADDRESS:

◆Street1:   
Street2:

◆City  ◆ST  ◆Zip

Email Address

MAIL ADDRESS (If Different from Home Address):

Street1:   
Street2:

City  ST  Zip

◆Date of Birth  ◆Gender  ◆ US Citizen Y/N  Immigration No.

Driver's License No.  Issued By:

Education Code  ◆Residency Code  ◆EEO Ethnic Code

Comments

**EMPLOYEE'S NEW INFORMATION**

Enter only information that is to be corrected.

SSN    -   -

First Name  MI  Last Name  Suffix

HOME ADDRESS:

Street1:   
Street2:

City  ST  Zip

Email Address

MAIL ADDRESS (If Different from Home Address):

Street1:   
Street2:

City  ST  Zip

Date of Birth  Gender  US Citizen Y/N  Immigration No.

Driver's License No.  Issued By:

Education Code  Residency Code  EEO Ethnic Code

**AUTHORIZING SIGNATURES:**

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.

**Appointing Authority:** I certify that the action requested conforms to Civil Service Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SUBMIT TO: NJ Civil Service Commission; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354