



Town of Natick Employee Verification Form

rev 3.2.16

Name: _____ Last Four Digits SSN #: _____

Department: _____

Please provide us your most up-to-date information and check the box if you believe that information has changed since last year:

<input type="checkbox"/> Mailing Address:	
<input type="checkbox"/> Email Address:	
<input type="checkbox"/> Cell Phone:	
<input type="checkbox"/> Home Phone:	
<input type="checkbox"/> Change in Direct Deposit (<i>Did you change banks in the prior year?</i>):	
<input type="checkbox"/> Update Federal and/or State Tax forms (<i>Did you graduate? Get married? Have children?</i>)	

Please go to the Human Resources webpage <http://ma-natick.civicplus.com/286/Personnel-Forms-and-Documents> for any required forms.

If you have any other questions you can contact the Human Resources Department (508) 647-6469 or sfarrar@natickma.org

X _____

DATE _____

(EMPLOYEE SIGNATURE)

Seasonal Employees- don't forget to fill out the Certification as a Seasonal Employee Form