



Employee Information Form

This form will be used to enter your employee information into OMH's Human Resources Management System.

Employee Current Name: Social Security #: Former Name (if applicable): Home Phone #: Street Address: Apt #: Cell Phone #: City, State: Zip Code: Home Email Address: Work Location (Bureau): Work Phone #:

In case of an emergency, please notify:

Name: Preferred Phone #: Relationship To You: Other Phone #: Name: Preferred Phone #: Relationship To You: Other Phone #: (Check one) Work Cell Home

Employee Signature

Date

(Continued)

For your convenience, listed below are the addresses of other employment-related offices that **you will need to contact directly** to inform them of any changes.

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| <p>NYS Department of Civil Service List Maintenance Unit Empire State Plaza Swan Street Building (Core 1) First Floor Albany, NY 12239</p> | <p>NYS and Local Retirement Systems Member & Employer Services – Registrations 110 State Street Albany, NY 12244</p> <p>Call Center: 518-474-7736 or toll free at: 866-805-0990</p> |
| <p>NYS Deferred Compensation Plan Administrative Service Agency PW-03-01 Post Office Box 182797 Columbus, Ohio 43218-2797</p> <p>Or online at www.nysdcp.com</p> | <p>Change of Address Form [RS5512] is available:</p> <ul style="list-style-type: none"> • in OMH's Personnel Office • Or online at: http://www.osc.state.ny.us/retire/forms/index.php |
| <p>CSEA The Local President</p> | <p>PEF Post Office Box 12414 Albany, NY 12212</p> |