

Memorandum

Spotsylvania County Government
Department of Human Resources



To: All Employees
From: Department of Human Resources
RE: Employee Data Sheet

Please furnish the following information for your County HR File.

Date Completed: _____

Social Security #: _____

Full Name: _____

Nick Name: _____

Mailing Address: _____

Home Telephone: _____ Cell # _____

Date of Birth: _____

Home Email Address: _____

Marital Status: _____ Spouse's Name: _____

Sex: Male Female

Are you a Veteran: Yes No

If yes which branch _____

Provide a contact in case of emergency:

Name: _____

Address: _____

Telephone Number(s): (H) _____ (C) _____

Relationship to employee: _____

Please notify the Department of Human Resources of any changes to this information so that your records are current for benefits administration and employee distributions.

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