## LOS ANGELES COUNTY SHERIFF'S DEPARTMENT EMPLOYEE PERSONAL INFORMATION FORM

<b>CLEARLY PRINT OR TYPE ALL INFO</b>	ORMATION.					
NAME (Last, First, Middle)			EMPLOYEE#		JNIT ID (Tac Call)	
SECTION A:				,		
☐I HAVE NO CHANGES TO MY	ADDRESS OR EMERGENCY	CONTACT INFO	RMATION.			
(IF YOU CHECK THIS BO	X, LEAVE SECTIONS B	AND C BLAI	NK AND SKIP	TO SECTION E)		
☐I HAVE CHANGES TO (CHEC	CK ALL THAT APPL	Y)				
SECTION B: ADDRESS AND	CONTACT INFORMATIO	N				
COMPLETE ONLY IF THERE ARE U	PDATES TO YOUR PERSONA	L INFORMATIO	N. (IF <b>NO</b> CHAN	IGES ARE NEEDED FO	R SECTIONS C	
OR D; SKIP TO SECTION E)			,			
HOME ADDRESS (Number, Street, City, State, Zip Code)				This address is in:		
				LA County Other County		
MAILING ADDRESS (ONLY if different from home: Number, Street, City, State, Zip Code)				This address is in:  LA County  Other County		
HOME PHONE	WORK PHONE	CELL PI	HONE H	OME E-MAIL ADDRES	·	
( ) -	( ) -	( )	-			
SECTION C: EMERGENCY CO	ONTACT INFORMATION					
COMPLETE ONLY IF THERE ARE U	PDATES TO YOUR EMERGEN	ICY CONTACTS				
EMERGENCY CONTACT NAME (Last, First, Middle)				elationship		
HOME ADDRESS (Number, Street, City, State, Zip Code)			Th	is address is in:  LA County	Other County	
HOME PHONE	WORK PHONE	<u>CELL</u> PI ( )	HONE -			
EMERGENCY CONTACT NAME (Last, First, Middle)				elationship		
HOME ADDRESS (Number, Street, City, State, Zip Code)			Th	This address is in:  LA County  Other County		
HOME PHONE	WORK PHONE	CELL PI	HONE		J Other County	
( ) -	( ) -	( )	-			
SECTION D: DELETE EMER( IF YOU NEED TO REMOVE AN EXELOW.		ACT, PLEASE CH	ECK THIS SECTION	I AND COMPLETE TH	E INFORMATION	
EMERGENCY CONTACT NAME (Last, First, Middle)			Re	Relationship		
EMERGENCY CONTACT NAME (Last, First, Middle			Re	Relationship		
SECTION E: SIGNATURE						
EMPLOYEE SIGNATURE				DATE		
FOR PERSONNEL ADMINISTRATION BUREAU USE ONLY						
Updated by / employee #:	Date updated:	Approv	Approved by / employee #:		Date approved:	

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