# Personal Information

***Proponent is the Directorate of State Human Resources Management (MNHS)***

This form will be used to ensure the information MNHS currently has on file is accurate. This form should be completed and returned via email or in a sealed envelope to the office above, ATTN: Tina Lehning, to be placed in your personal history folder. Should any of this information

at all times. This form is also located on the MNHS website at http://dmna.ny.gov.

**EMPLOYEE NAME:** Last: _____

First: _____

Initial: _____

**EMPLOYEE ADDRESS:** _____

City: _____ State: ____ Zip Code: _____

**Home/Cell Phone:** _____

**Alternate Phone:**
**(i.e., work cell phone)** _____

**WORK LOCATION:** _____

**TITLE:** _____

**PERSONAL EMAIL:**
**(if applicable)** _____

**PRIOR STATE SERVICE:** ☐ **YES*** ☐ **NO**

*** IF YES, PLEASE INDICATE AGENCY AND DATES OF EMPLOYEMENT**

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Provisions of the Privacy Act of 1974, the New York State Personal Privacy Protection Law and Health Insurance Portability and Accountability Act (HIPAA) apply to this form when you furnish your personal information. This information will be maintained by the State Human Resources Management Office.