



State of New Mexico
Local Public Body/Legislator Correction/Change Form

Date: _____ LPB Code & Name: _____

LPB HR Rep Name: _____ LPB HR Rep Phone: _____

Employee Name: _____ Employee SSN: _____

Is correction for Employee or Dependent? Employee Dependent

Dependent Name: _____ Dependent SSN: _____

Reason for Correction / Change:

Type of Change / Correction:

<p>Name Correction / Change: First Name: _____</p> <p>Date of Birth Correction: Month: _____ Date: _____</p> <p>Gender Correction: Male: _____ Female: _____</p> <p>SS Number Correction: Number: _____</p> <p>Address Correction / Change: _____ _____ _____</p> <p>Phone Number Correction / Change: _____</p>	<p>Employee _____ Dependent _____</p> <p>Middle Initial: _____ Last Name: _____</p> <p>Employee _____ Dependent _____</p> <p>Year: _____</p> <p>Employee _____ Dependent _____</p> <p>Employee _____ Dependent _____</p> <p>City, State, Zip</p> <p>Salary Change: New Salary: _____ Effective Date: _____</p>
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