

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 by email or in a sealed envelope to MNHS, ATTN: Mrs. Tina Lehning, to be placed in your personal history folder. Should any of this information change, please submit a corrected form to MNHS. It is important that this data be kept current at all times. This form is located on the MNHS website at <http://dmna.ny.gov> or in the DMNA Electronic Library.

EMPLOYEE NAME: _____ **DATE:** _____

CURRENT ADDRESS: _____

PRIMARY PHONE (HOME/ CELL): _____

ALTERNATE PHONE _____
(i.e., work cell phone)

DMNA WORK LOCATION: _____

TITLE: _____

PERSONAL EMAIL (if applicable) _____

PRIOR STATE SERVICE YES* NO

*** IF YES, PLEASE INDICATE AGENCY AND DATES OF EMPLOYEMENT** (for employee recognition purposes):

PLEASE COMPLETE AND RETURN TO MNHS

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.